Commercial practices and patient safety in the primary eye care sector

Research report prepared for the General Optical Council by Shift Insight Limited

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1. Executive summary

1.1 Background

- The General Optical Council (GOC) commissioned this research to explore how commercial practices in primary eye care may affect patient safety, patient experience and the working lives of individual registrants. The work forms part of the GOC's wider thematic review of commercial practices and patient safety.
- The research focused on four areas identified by earlier GOC work:
    - booking practices (including overbooking, rolling clinics and 'ghost clinics')
    - short sight test times
    - sales targets and incentives
    - price transparency
- Fieldwork involved in-depth interviews with four stakeholder groups:
    - Individual registrants – optometrists and dispensing opticians
    - Business registrants – owners, directors and practice managers of GOC-registered optical businesses
    - Non-registered eye care staff – for example, optical assistants
    - Patient representative organisations – Healthwatch, Royal National Institute of Blind People (RNIB), Thomas Pocklington Trust, SeeAbility and Glaucoma UK

1.2 Key findings

1.2.1 Booking practices

- Overbooking and rolling clinics were widely reported in multiples and some individual and business registrants said that 'ghost clinics', where there were a higher number of clinics than optometrists, were also in place. These booking practices were driven by automated booking systems and designed to mitigate no-shows.
- Many business registrants, particularly in multiples, saw overbooking and ghost clinics as commercially essential for financial viability and maximising appointment availability.
- Independent optical businesses more commonly used manual booking methods (phone/email) and had greater control of diaries, with less overbooking taking place.
- Some business registrants from independent practices actively rejected ghost clinics, viewing them as harmful to staff wellbeing and detrimental to patient experience.
- Optometrists and dispensing opticians frequently reported that busy diaries led to rushed appointments, reduced communication and anxiety about missing clinical detail.
- Non-registered staff similarly described pressure in busy environments and the risk of operational errors.

- No stakeholder group presented clear evidence of direct, immediate patient safety harm as a result of booking practices. However, many individual registrants, non-registered staff and all patient representative organisations raised concerns around patients not accessing routine eye care in the future, due to feeling rushed or dissatisfied with the level of communication within appointments, and the potential consequences on long-term eye health as a result of this.
- Patient representative organisations highlighted that crowded, noisy or rushed environments deter patients from returning and may disproportionately disadvantage people with additional needs.

1.2.2 Sight test times

- Sight test lengths ranged from around 20 minutes in multiples to 45-60 minutes in some independent practices. Independents more commonly offered longer appointments (45-60-minutes), often because optometrists carry out all test components themselves.
- Extending appointments in multiples was difficult due to the rigidity of automated booking systems.
- Many business registrants, particularly in multiples, felt shorter sight test times were appropriate and did not compromise care.
- Others, including some business registrants at independents, believed shorter times inherently risked rushed communication or incomplete assessments.
- Many optometrists and dispensing opticians reported feeling pressured to work quickly and were concerned about higher risks of errors or omissions.
- Patient representative organisations highlighted concerns that patients may not receive enough time in short appointments, especially those with learning disabilities, dementia, children, or those requiring more explanation.

1.2.3 Sales targets and incentives

- Individualised sales targets and incentives were common in multiples and typically applied to optometrists, dispensing opticians and non-registered staff.
- Target metrics included conversion rates, average order value, product-mix and patient numbers. Incentives included cash bonuses, vouchers, non-cash rewards and, in some cases, payment per sight test completed.
- Business registrants from independent practices tended to avoid individualised targets, preferring practice-level expectations or none at all.
- Many business registrants, particularly those in multiples, emphasised the financial necessity of targets for viability and staff motivation.

- Other business registrants acknowledged the potential harm of poorly designed incentives on workplace culture, employee wellbeing and the reputation of optical care.
- Many individual registrants felt individualised targets increased stress, eroded professional identity and created pressure to prioritise commercial outcomes over patient care.
- While optometrists and dispensing opticians said they would not compromise clinical safety to achieve targets, many acknowledged the impact of targets on activities such as product recommendations, prioritisation of high spending patients and the tone of clinical interactions.
- Patient representative organisations said patients frequently feel "sold to", which can discourage routine attendance and raise long-term safety concerns.

1.2.4 Price transparency

- Most individual and business registrants, as well as non-registered staff, felt that pricing for sight tests was clear and transparent to patients at their organisations.
- They reported that prices for sight tests and glasses were displayed clearly in store, particularly in multiples. Independent practices sometimes explained sight test prices verbally rather than displaying them in store.
- Contact lens pricing was said to be inherently more complex due to customisation, and so was not often displayed prior to appointments.
- Individual registrants and non-registered staff described patients being asked about NHS support eligibility at various points from booking to check-out.
- Individual and business registrants, as well as non-registered staff, said that confusion occasionally arose despite clear communication efforts. This was typically as a result of patients having difficulty understanding NHS eligibility rules or confusion over promotional language (e.g. "prices from £X", "free", "2 for 1").
- Patient representative organisations reported that unclear information on pricing or NHS entitlements sometimes deterred patients from seeking care, which again risked longer term safety.

1.3 Conclusions

- Across all stakeholder groups, booking practices, sight test times, sales targets and price transparency were seen as interlinked and shaped heavily by the low NHS General Ophthalmic Services (GOS) sight test fee in England, which was thought to drive a reliance on retail income. Comments on GOS were largely from participants in England. Some individual and business registrants in Scotland and Wales said their NHS contracts reduced retail pressure.

- Many business registrants felt that commercial practices such as overbooking were not only essential to remaining financially viable, but also had positive impacts on patients by ensuring wider access to care.
- Individual registrants and patient representative organisations more frequently described risks of commercial practices linked to rushed communication, reduced patient understanding and reduced likelihood of returning for routine care. While these were not felt to pose immediate safety concerns, they were said to have meaningful long-term risks to eye health.
- Individual registrants and non-registered staff reported that high patient numbers, short sight test times and sales pressure contributed to personal stress, missed breaks, burnout, and some optometrists and dispensing opticians choosing to leave multiples or the profession altogether.
- While commercial drivers were largely thought to sit outside the GOC's remit, many stakeholders believed the GOC could strengthen its stance on expectations for safe practice in commercial environments, as well as being more vocal in supporting wider sector change, such as lobbying for change to funding structures.

1.4 Recommendations from participants

Recommendations for the GOC

Across stakeholder groups, there were mixed opinions on whether issues related to commercial practices were something the GOC should or could regulate, given the limited accounts of this directly impacting patient safety.

Where recommendations were given for the GOC, these were often around issuing clear guidelines or statements of position on practices. Recommendations were most commonly related to:

- **Lobbying for reform of the GOS sight test fee and NHS contracts in England**, addressing the structural cause of high patient volumes (raised by individual registrants, business registrants and patient representative organisations).
- **Issuing clearer guidance or position statements** (raised by individual registrants, business registrants and patient representative organisations) on:
  – booking practices or reasonable patient numbers or diary expectations (suggested mainly by individual registrants)
  – practices that compromise communication or patient understanding
  – the principle that commercial targets must not influence clinical care.
- **Enhancing support for registrants' wellbeing**, including resources on managing workplace stress (suggested by some business registrants).
- **Encouraging accessible whistleblowing routes** for concerns about unsafe commercial practices (suggested by a few individual registrants).

- **Highlighting good practice in scheduling for vulnerable patients**, such as protected or quieter clinic times (suggested by a patient representative organisation).

Recommendations for the wider sector

Recommendations for change were more commonly directed towards the government and individual businesses. Recommendations were most commonly related to:

- **Government and NHS review of GOS funding in England,** widely seen as essential to reducing reliance on bad booking practices and sales targets (raised by individual registrants, business registrants and patient representative organisations).
- **Improvements to business level triage and booking systems,** enabling appointment length to better reflect patient need (suggested mainly by individual registrants).
- **Clearer communication to the public about NHS entitlements,** led by the NHS or national bodies (suggested mainly by patient representative organisations).
- **Shift away from individual sales incentives** towards team based models (supported by both individual registrants and many business registrants).
- **Review of promotional language** to reduce confusion and rebuild public trust (raised by individual registrants and patient representative organisations).

2. Background and method

2.1 Background

The General Optical Council (GOC) commissioned this research to understand the nature and extent of commercial practices in the eye care sector and to better understand any impact this may be having on patients and registrants. Previous GOC research had identified four key areas to explore further as part of this research:

This research aims to support the GOC's wider thematic review on commercial practices and patient safety in the primary eye care sector, by understanding the views and perspectives of different stakeholder groups:

- **Optometrists and dispensing opticians** – individual GOC registrants referred to in this report as 'individual registrants'
- **Non-GOC registered eye care staff** – e.g. optical assistants are referred to in this report as 'non-registered eye care staff or non-registered staff'
- **Representatives (i.e. owners, directors or practice managers) from GOC registered optical businesses** – GOC business registrants are referred to in this report as 'business registrants'
- **Patient representative organisations** – contacts from Healthwatch, RNIB, Thomas Pocklington Trust, SeeAbility and Glaucoma UK

2.2 Research objectives

The research looked to understand perspectives on the following research questions:

1. What is the nature and extent of commercial practices in the eye care sector?
2. What impact, if any, do these practices have on patients and the public?

3. What impact, if any, do these practices have on individual GOC registrants?
4. What are the views of optical businesses on the balance between providing safe patient care and operating in a commercial environment?
5. What actions should the GOC and the wider eye care sector consider to mitigate against any detrimental impact of commercial practices on patients and the public and registrants?

2.3 Method

One-to-one online interviews, lasting up to 50-minutes each, were conducted across the different stakeholder groups, allowing for depth exploration of the thematic areas that were most relevant to the role and experiences of each participant. Participants, excluding patient representative organisations who volunteered, were offered £70 for themselves or a charity of their choice as a thank you for their time and engagement.

A sample framework and related set of screening questions were co-created with the GOC to select participants. Particular attention was taken to ensure a spread of different roles across national and regional chains, as well as independent optical businesses across the UK.

2.4 Profile of respondents

A total of **71** participants employed in the optical sector took part			**Patient representative organisations**
31 optometrists and dispensing opticians	**30** representatives from GOC registered businesses	**10** non-registered eye care staff	**5** representatives

The research sample was designed to represent different roles within each group, alongside key demographic areas – data was collected on age, gender, ethnicity, location, length of time on the GOC register (for individual registrants) and business type. A breakdown of the sample is given below, and further details are provided in the report's appendix.

	Individual registrants	Business registrants	Non-registered staff
Roles	Optometrists – 19 Dispensing opticians – 12	Directors – 21 Other roles responsible for practice management – 9 Titles included: business owner, practice manager, and branch manager	Optical assistants – 7 Optical advisor – 1 Optical technician – 1 Receptionist – 1
Workplace settings	Independent practice – 8 National chain – 15 Regional chain – 8	Independent practice – 16 National chain – 12 Regional chain – 2	Independent practice – 4 National chain – 6

Alongside other screening information to ensure representation from a range of demographic backgrounds and levels of experience, this research also screened according to agreement levels with the attitudinal statement *'there is an appropriate balance between commercial practices and patient safety at my organisation'*. This was to ensure that we spoke to participants with varying levels of agreement to the concept of commercial practices interacting with patient safety, and the participant sample was not skewed towards mostly positive or mostly negative participants.

Participants who indicated they agreed or disagreed with the statement often did not unilaterally feel that way throughout the entire interview. Many, for example, felt one way about their own organisation, but differently about the sector as a whole. Some agreed more in relation to specific themes; others reflected on how their level of agreement may have changed over time, depending on the place of work they were referring to. Ultimately there were varying levels of agreement to the attitudinal statement that changed even within a single discussion – a complexity which we've endeavoured to reflect across the report.

Participants were recruited via different channels:

- Interviews with GOC individual and business registrants were recruited via a combination of the GOC's data lists and free-finding individuals using LinkedIn.
- Patient representative organisations were contacted by the GOC and directly scheduled in.
- Non-GOC registered eye care staff were recruited with the support of Acumen Fieldwork.

2.5 Research limitations

While we consider the project to have been successful in meeting the GOC's aims, some issues and limitations are worth raising to contextualise the findings.

Sample design

We achieved a good spread of participants across the sample who agreed or disagreed with the attitudinal statement as we wanted to ensure that the research design elicited different views on this topic.

Among participants who were recruited to speak on behalf of their businesses, there were more who agreed than disagreed with the attitudinal statement – 23 indicated they agreed, 5 disagreed and 2 were neutral. This balance has impacted the data as we found that business representatives more involved in the day-to-day realities of running a business were more positive about the commercial aspects of the eye care sector. However, this was consistent with the hypothesis that business representatives would express more positive views and provide insight into how attitudes and experiences vary across roles. Whilst the responses to the attitudinal statement were a useful recruitment tool, we did find that participants' positions were more nuanced and that general opinions on commercial practices and how they related to patient safety were not static throughout the interview.

It was challenging to recruit business registrants who were not also GOC registered optometrists or dispensing opticians. Consequently, many participants held dual roles as owners or practice managers and as regulated professionals, which may have influenced their perspectives compared with those of non-registrant business owners or managers.

The research sought views from participants in all four nations of the UK. Participants in England were recruited from a range of regions. Due to the small overall sample size, it was not possible to recruit as many non-registered eye care staff from the other nations as originally intended. Where comments on the differences between the nations existed in the data, these have been highlighted in the report e.g. the focus of comments on GOS was largely from participants in England but comments on GOS from other nations have been noted.

The non-registered eye care staff sample also had a more positive response to the attitudinal statement, perhaps related to their lesser involvement in the clinical aspects of care.

Social desirability bias

The interview guides were designed to ensure participants felt as comfortable as possible speaking about their perspective on the impact of commercial practices on patients and the public. However, we recognise the nature of this research – discussing how commercial practices might impact patients, on behalf of the profession's regulator – may have led to some participants feeling somewhat reluctant to share examples where patient safety had been compromised. Our trained interviewers reiterated to participants their anonymity within the research and the structure of the interview guide served to mitigate against this as far as reasonably possible.

3. Booking practices

3.1 Section summary

Nature and extent of booking practices for sight tests

- Individual and business registrants, particularly those based in multiples, said overbooking was fairly common practice, usually done by slightly exceeding available slots or running rolling clinics.
- They noted that 'rolling clinics' – where patients would be seen by the next available optometrist – were common.
- Some individual and business registrants said that 'ghost clinics' were also in place. This is a contentious term but participants described situations where patients are booked into a clinic with no allocated optometrist, requiring optometrists to cover these additional appointments. They perceived this as being mainly in larger multiples. Some individual and business registrants said this was routine in their workplaces and a full ghost clinic booked alongside other clinics was a day-to-day feature; others said the clinics were only booked with a few additional patients. Business registrants noted that these aimed to mitigate against the losses from no-shows.
- Optometrists working in multiples said their schedules were set using automated booking systems. Those working in independent optical businesses had greater control of their diary management, due to fewer automated online booking systems.
- Some optometrists said they were able to extend appointments if needed, but this had a negative knock-on impact on the rest of the day.

Impact on patients and the public

- Some optometrists, dispensing opticians and business registrants felt that patient safety was not compromised, despite pressure to see high numbers of patients, as they would not lower their own professional standards.
- Others felt high volume clinics had an unavoidable impact on patient care as individual registrants experienced stress about high patient numbers. They worried, for example, about missing issues with patients and rushed communications.
- Representatives from patient groups and some individual registrants noted that busy environments may deter patients, particularly more vulnerable patients, from returning – potentially harming long-term eye health.

Impact on registrants

- Many individual registrants thought the impact of overbooking was felt more directly by themselves than patients. Both optometrists and dispensing opticians experienced high levels of stress and were overwhelmed. Many noted they frequently went home

- worried they had missed something during their day, that they skipped their lunch breaks or worked overtime and felt burnt out.
- Business registrants had varying perspectives of the impact on individual registrants. Some felt there were no impacts and that booking practices were appropriate and manageable. Others felt – either as clinicians themselves or as business owners – that overbooking practices were 'bad for business', as they meant patients felt rushed and, ultimately, would be less likely to make purchases in store.

Recommendations from participants

- Some individual registrants, business registrants and non-registered staff felt the GOC should regulate sight test times, rather than minimum patient numbers. Others felt that booking practices did not impact patient safety and was therefore not the GOC's concern.
- Many individual and business registrants felt that contemporary optical practice was deeply entangled with high patient numbers, to increase sales of glasses and make enough money to survive as a business. They felt that a structural change to the GOS fees and NHS contracts in England was needed to prevent this.

3.2 Nature and extent of sight test booking practices

3.2.1 How patients are booked in

Scheduled appointments

Individual registrants, business registrants and non-registered staff said sight tests were typically booked through a mix of online systems and phone calls. They said that patients and the public were increasingly using online booking systems and seemed to prefer this way of accessing appointments.

Individual and business registrants in multiples said booking system oversight often sat with non-clinical staff at head office. The practice manager may have some capacity to review and adjust the bookings if required, but largely the online booking software was coordinated centrally. Some multiples that were owned by an individual registrant (as in a franchise model), rather than centrally owned, said they had more control over the day-to-day management of the business, including diary management.

> *I run the store completely, it's my own. I do run it like it's my own. So I'm responsible for the day-to-day running and management of the store.*
>
> **Business registrant (Owner, Optometrist), Multiple**

Independent optical businesses were more likely to rely solely on phone bookings or emails (although a few also had online software) and said this gave them greater control over diary management. For smaller businesses, practice managers and the optometrists themselves said they had greater control over diary management. They also noted that they had a more direct relationship with the receptionists or optical assistants who were coordinating phone or email bookings, which they felt allowed them greater control over the business' diary management. Some individual and business registrants felt that this more direct email or phone call booking system reduced failure-to-attend rates.

> *They email us [to request a booking] and that's it, but we then still have to confirm the appointment with them. I just feel for the online bookings, people kind of book it at the spur of the moment and they're not talking to somebody, so they feel less obliged to stick with the appointment.*
>
> **Business registrant (Owner, Optometrist), Independent optical business**

Walk-ins

Individual and business registrants said walk-ins were less common, particularly with the easy access the public now has to quick online booking systems. However, where walk-ins did occur, individual and business registrants said these would be accommodated if possible.

> *For walk-ins, we do occasionally have space on the day. People do cancel, or we're not fully booked, so walk-ins can occasionally be accommodated immediately, but that is rare, to be honest. People who are existing patients who just passing by and they walk in, or new patients who are passing by and walk in, we take all their details and we book them an appointment at the first available slot that – at their convenience as well, of course. But people can't just walk in and expect to get a test then and there, because if we're booked up at that point, they'll have to book for another day.*
>
> **Business registrant (Dispensing Optician, Owner), Independent optical business**

Similarly, emergency appointments would also be fitted into the diary if possible. Individual and business registrants with businesses on the relevant schemes would specifically set appointments aside for emergency appointments. They noted that if the emergency met the scheme requirements, then the businesses were obliged to ensure patients were seen within 48 hours, or directed towards another business with availability.

> *We leave out an NI [Northern Ireland] PEARS slot in the morning and in the afternoon for 20 minutes for any sudden onset red eye, loss of vision, pain, flashing lights and floaters, they can attend and must be seen within a 48-hour window, we try to manage it. But I do find that at the end of the day, I will have a lot of administrative work. I don't tend to have time to do my referrals when the patients are there.*
>
> **Optometrist, Multiple**

This was not common among the research sample. Most said their businesses were not on such schemes and therefore did not specifically leave space for emergency appointments, but did note that they would still endeavour to add the patient into the diary.

> *Walk-ins are an example in practice of where you would be asked to slot in a patient whether there's space or not. They [the practice management] may mention it to you that they've got a patient waiting and they'll fit it in. But sometimes it's just not mentioned, they just slot it in and you're expected to see that patient. And whether you fall behind or not, you may end up catching up somewhere down the line.*
>
> **Optometrist, Multiple**

3.2.2 Expectations around patient numbers

As many businesses used automated online booking systems, individual and business registrants said they would typically see as many patients as there were slots available in the online booking system.

> *There's no flexibility in the diary because the diaries are usually full and they're usually structured in slots of appointments from web bookings.*
>
> **Optometrist, Multiple**

There were a range of expectations around the minimum number of sight tests per optometrist per day, which typically varied by business type:

Some independent optical businesses had as few as 6 sight tests a day

In some multiples, around 12-18 sight tests a day was common

Up to 21 in other multiples, with some outlier higher numbers

Where optometrists reported they had seen more than 21 patients, it tended to be on outlier days when unplanned issues, such as staff illness, occurred at the practice. In a few cases, some individual and business registrants at independent optical businesses indicated they may have days where they do not run sight testing clinics, to focus on administrative tasks.

Individual and business registrants noted that no-shows were a common feature of running a business. Some business registrants in particular reported that booking practices that ensured the business was busy all day were essential to their commercial viability.

> *The optometrists want predictability. They want to know this is their diary and that's what they're going to get, but when someone doesn't show up and you've got a gap, then you're trying to fill in that gap. And the optometrists want a specific amount of time for their eye test but if someone hasn't shown up, now you've gone 10 minutes into that appointment and you're trying to book somebody which might not be the exact appointment time, but ultimately the slots need to be filled in so the practice can be financially viable for that day.*
>
> **Business registrant (Owner, Optometrist), Multiple**

An optometrist based in Scotland said their NHS contract model included a limit to the number of patients that could be seen in a day.

> *In Scotland, you're only allowed to see a certain number of patients a day. You're only allowed to claim a certain NHS number, I think, or something along those lines.*
>
> **Business registrant (Owner, Optometrist), Independent optical business**

3.2.3 Types of booking practices

Important to discussions on the different types of booking practices is the model of running a **'rolling clinic'**, where patients would be seen by the next available optometrist, rather than booking in to see a specific optometrist.

Some individual and business registrants said that rolling clinics were common in their businesses. Many felt this practice was effective as sight test lengths varied naturally between patients and a rolling clinic therefore allowed optometrists to be more flexible with the amount of time they were taking with each patient.

Overbooking

Booking in a slightly higher number of patients than the available clinic slots per day, rather than having a whole separately running clinic (explored further in reporting on ghost clinics), was said to be quite common for individual and business registrants based in multiples.

This style of overbooking meant the business would then run on a rolling clinic model to allow patients to be seen by the next available optometrist. Some independent optical businesses with more than two optometrists may also slightly overbook and run rolling clinics. Overbooking practices included double booking appointments occasionally, having standard morning and afternoon slots that were always double booked and squeezing in walk-ins.

Individual and business registrants said this model of slightly overbooking was largely to protect against no shows that would leave empty time in the schedule, reducing sales opportunities and impacting on the financial viability of the business.

> *Let's say you want to see 14 people today. If you book 14 appointments and expect to see 14 people, you're just delusional. If you want to see 14 people, you might have to book 15 or 16 appointments. Then if you do that across 4 or 5 clinics, the no-shows will be at various times, and the team will flex and sort that out.*
>
> **Business registrant (Owner, Optometrist), Multiple**

Most individual registrants, business registrants and non-registered staff based in independent optical businesses said overbooking was not a feature of their diary management. They said this was partly due to having a smaller team – there would often only be one optometrist working, which meant they were unable to run the rolling clinic required to meet the demands of overbooking.

> *They can book online, they can book over the phone, or they can just walk in and book in person. We cannot overbook because we normally – it's a very small practice and we normally have one optician a day, so it's not like other places and somehow they just book one more. We've got set slots for people and I think it's impossible to overbook here. It's never happened.*
>
> **Non-registered eye care staff (Optical Assistant), Independent optical business**

Only one independent optical business represented in this research said they double booked – one appointment in the morning and one in the afternoon – but that the high level of failure to attend at their business meant they did not feel this meant the day was ever too busy.

> *We have a longish lunch, we have like a 45 minute to an hour lunch and really it's all zoom, lose out rather than the patient time. If it, if the appointment was to say everybody turned up, it would just mean that we lose a bit of our lunch as opposed to the patient time being lost or squeezed in.*
>
> **Non-registered eye care staff (Optical Assistant), Independent optical business**

Dispensing opticians noted that an increased number of patients having sight tests impacted on the overall busyness of the 'shop floor' and the expectations to achieve a high number of dispenses. Those in contact lens dispensing clinics said they might have a diary with slots booked every 20 minutes.

Ghost clinics

Some individual and business registrants indicated that **'ghost clinics'** were in operation at their places of work.

> *I've seen it growing over the past maybe five, six years where I work particularly. And it sort of started off where again, this is just specific to where I work, is that it would start off as you'd have a ghost clinic and there's maybe one [patient] every hour or one every two hours. And then it turned into a full clinic just on the side that. Patients can book into it online as well. It was just like an extra clinic basically of patients being able to book in.*
>
> **Optometrist, Multiple**

The term ‘ghost clinics’ is contentious and this is reflected in the different descriptions given amongst individual and business registrants when using the term. For example, on occasion, some individual and business registrants would use the term ‘ghost clinics’ to describe a smaller amount of overbooking or double booking – these practices have been reported on above. For the purposes of this report to aid understanding, ghost clinics are typically where patients are booked into an extra clinic with no allocated optometrist.

This is closer to a full day’s worth of patients rather than the one or two extra bookings described above in the overbooking section. The business would then use a rolling clinic model amongst the optometrists to see these additional patients.

Some individual and business registrants in multiples reported ghost clinics were actively in place at their businesses currently; others indicated they had previously worked in locations where these were in place, or knew of peers or colleagues who worked with ghost clinics.

Many individual and business registrants perceived ghost clinics as being more common in multiples than in independent optical businesses. Individual and business registrants based in independent optical business said ghost clinics were not in place at their practices, and they were unaware of ghost clinics in place in other independent optical businesses.

A few business registrants noted they did not specifically call these ‘ghost clinics’ but had a different name that carried more positive connotations. We have excluded business names from reporting to help ensure anonymity.

> *Then you have what we call ghost clinics, where they [practice managers and senior staff] put in clinics, but there’s no optometrist to see those appointments. They book them on the basis that some patients don’t turn up, but say those patients all turn up and those other patients also all turn up, you’re then left to see so many people.*
>
> **Optometrist, Multiple**

Individual and business registrants reported that running ghost clinics was a highly contentious issue. Some were frustrated by them – suggesting in the words of one business registrant that they were ‘despicable’ and damaging to optometrists, dispensing opticians and patients, largely due to their impact on workload and the pressure they put on individual registrants – this is explored further in discussions around impact. Other individual and business registrants felt ghost clinics, along with other overbooking practices, were harmless to patients and essential to the longevity of high street optical businesses.

Several business registrant participants in multiples indicated that ghost clinics were an important method to ensure patients had access to care in the face of cancellations and no-shows. Business registrants reported that having more clinics than optometrists increased

the amount of choice patients and the public had around appointment slot times and that, ultimately, all patients were seen in a safe and timely manner by operating a rolling clinic approach to seeing patients scheduled into the ghost clinic.

> *In store there's two optometrists, we have a single clinic each plus an [extra] clinic. That helps patients access care. So there's 3 clinics, but 2 of us testing. The reason why it's worked, and I've seen it work since I was a pre-reg, is because not all patients turn up.*
>
> **Business registrant (Practice Manager, Optometrist), Multiple**

On the other hand, optometrists in particular were more likely to think that ghost clinics did impact patients. They felt overworked and under pressure, which they felt increased their likelihood of making a mistake. We also heard from individual registrants and some non-registered staff that they did not feel ghost clinics were truly in the interest of patient choice or meeting patient demands, but rather, that they existed in service of profit maximisation.

> *These organisations are there to make money… They might have a public face of trying to look after the nation but really, they are there to make money and lots of it, as much as they can.*
>
> **Optometrist, Independent practice**

Some optometrists and dispensing opticians felt that pressure to see a high number of patients every day increased following the COVID pandemic. A few optometrists attributed this to the increased usage of online booking systems, which they felt led to less flexibility in diary management, contributing to them feeling rushed. They noted that practices like overbooking or running ghost clinics may have been occasional occurrences previously, but now seemed to be embedded in the fabric of high street optical practice.

A few business and individual registrants felt that ghost clinics and other overbooking practices would continue as a feature of optical businesses in England as long as the current GOS fee model for England does not sufficiently cover the expenses of the business. They said that this put pressure on businesses to increase the number of patients being seen, meaning they relied on overbooking practices to do so.

> *[Money from] an NHS eye test alone doesn't even pay the wage of the optometrist that's seeing that patient for the 25 minutes, half an hour.*
>
> **Business registrant (Owner), Multiple**

Some patient representative organisations said they were aware of overbooking practices, such as ghost clinics. This was not typically because patients themselves had reported to them but rather because it was general sector knowledge.

3.2.4 Effectiveness of current diary management

Individual registrants in multiples reported they often had concerns around diary management due to how little control they had. They said their schedules were largely dictated by automated booking systems, sometimes supported by reception staff.

Some individual registrants said online booking software created challenges for them, as they were unable to vary the type of patient they would see in a day. They felt seeing varying patient types – for example, patients of different ages or with different requirements – reduced time pressures.

Business registrants stated that automated online booking systems could sometimes create challenges for the business as well. They noted there were days where the business would make less money due to, for example, more appointments with children or more appointments generally with limited availability to 'convert' to a sale.

Some individual registrants, largely in multiples, said they had raised concerns about booking practices to management – particularly in regard to feeling rushed – with varying responses. Some said these concerns were noted and responded to; others said this was not the case.

> *When the ghost clinic started, we raised concerns about that… Initially the response was, 'This is what they've decided, so this is what's rolled out and that's what we're going to have to do'. But I think it does vary depending on management as well. After we had a change in management in the store and I got back with my concerns, that manager sat down with me and said, 'Okay, well how do you think it should work?' … And we came to a compromise-ish with that by looking at the quietest times in the day and the days we have the most people in. Over time we got it from a full clinic to like a half clinic of appointments by just constantly pushing, giving pushback. I think a lot of that comes down to the manager you're dealing with in the store because when it's centrally run, it depends on how much that manager is willing to give pushback to their manager.*
>
> **Optometrist, Multiple**

Some business registrants expressed frustration around the concerns that staff members may have raised to them about booking practices, saying it was difficult to work in a system that gave individual registrants and non-registered staff the space and time they wanted, while also meeting commercial demands. Other business registrants said they felt the

concerns raised by some optometrists around booking practices represented a newer generation of staff who felt less prepared to see high numbers of patients.

> *Some younger optometrists are not very confident … very slow and outliers in terms of referral rates or visual field usage and just probably behaving like a trainee rather than a qualified optom, still, despite the fact they're qualified*
>
> **Business registrant (Owner, Optometrist), Multiple**

3.3 Impact on patients and the public

3.3.1 Perception of impact on patient safety

Many business registrants suggested that booking practices for sight tests had no direct impact on patient safety. Many, including optometrists, stated that regardless of how rushed, busy or overwhelmed they were, it would not inhibit their capacity to meet their professional standards.

Others, often optometrists based at independent optical businesses, said they were unclear how being rushed or overwhelmed due to booking practices could *not* impact patient safety, despite best efforts.

Across individual registrants, business registrants, non-registered staff, and patient representative organisations, there were concerns that optometrists were likely to be missing issues during sight tests due to pressures caused by overbooking practices. These views weren't based on specific examples, but instead on general perceptions of working in clinical practice.

> *If you're going to work and you're always worried about falling behind or what could happen potentially, and mistakes are human, you're more prone to making those errors. And you're certainly more likely, the percentage probability will increase if you're put under undue pressure before you get to work.*
>
> **Optometrist, Multiple**

> *You physically can't put 15 tests into a 10-test day. It's not practical, it's not achievable. So whether you choose to acknowledge it or not, there will be slight compromises in patient care. You know, not saying that anyone doesn't do a whole test or any of those things, but there will be compromises in patient care because there has to be. You can't function otherwise.*
>
> **Non-registered eye care staff (Optical Technician), Multiple**

Patient representative organisations did not have specific examples of booking practices impacting on patient safety. However, they had concerns around how patients feeling unwelcome or rushed through appointments (or feeling overly sold to – which is explored later in the report) might impact on patients continuing to access eyecare and the resultant potential for negative impacts on long-term eye health.

> *There's a potential for missing symptoms or hurrying through the examination and there are potentially clinical outcomes from that about missing something. And I'm not saying it would definitely happen, but it increases the risk of it happening, which is not good. It also, you know, the impression that people have, this is they might put them off coming back again because they didn't have a good experience.*
>
> **Patient representative organisation**

3.3.2 Perceptions of impact on patient care

Concerns from individual registrants and patient representative organisations typically focused on conceptions of patient **care** rather than **safety**. They felt high patient numbers reduced time for explanations and questions, contributing to patient perceptions of a 'conveyor belt' experience.

Individual and business registrants reported that the physical space and environments could be busy, rushed and unpleasant for patients, leading them to become irritated or frustrated, which could in turn impact individual registrants themselves.

> *Patients were [referring to a previous workplace] just really stressed out. Staff were stressed out. By the time they got to the DOs [dispensing opticians] and the collections, they were just really p***** off asking for discounts, which is completely fair. They would just be forgotten about in the waiting area. It was such a large waiting area, and you don't have that personal service where you know who Mr. Smith is, you know who that person is. You don't have no idea who anyone is unless you actually shouted out their name.*
>
> **Dispensing Optician, Independent optical business**

Patient representative organisations also felt busy waiting areas created stressful or unsuitable environments for some patients, particularly those with additional needs.

> *Another thing that we hear a lot of is how because it's very busy and because sometimes the environment where you're having your various tests, they're not necessarily in rooms that can be shut away. So people can often hear lots of noise in a reception room when they're having, for example, field of vision tests where you have to really focus very strongly on something that's happening.*
>
> **Patient representative organisation**

Patient representative organisations said the needs of more vulnerable groups of patients such as those who were partially sighted or adults and children with learning difficulties or autism, should be taken into account in booking processes as they might need longer appointments compared to more routine patients. Feeling rushed, busy practices and anything that limited communication were seen to be particularly impactful on patient care for more vulnerable groups who may need additional time.

Patient representative organisations also said that all patients, including those without additional needs, were aware that practices can be busy and staff can be under pressure to see patients quickly. They felt this discouraged all patients from returning for routine eye care. As a result, conditions may be detected later when they are more advanced or require GP referral or treatment in secondary care, rather than being managed earlier. Patient representative organisations noted this could increase pressure on secondary care services.

Individual registrants, business registrants and non-registered eye care staff said booking practices could impact areas of the patient care experience outlined below.

Communication

Optometrists and dispensing opticians noted that communication during and after sight tests was becoming rushed, and that patients were increasingly unable or uncomfortable asking questions about their own care. Some business registrants also said they felt this way.

> *And a lot of people who I find when they come and see me, they haven't understood what's happened in the eye test purely because of time constraints. And usually you explain the results to them and it's like a light bulb went, oh, is that what it was?*
>
> **Business registrant (Owner, Dispensing Optician), Independent optical business**

Some optometrists and dispensing opticians indicated they were unable to spend time sitting and talking with patients, explaining the process or the outcomes.

Patient representative organisations noted that patients feeling unable to communicate properly with optical professionals contributed to the 'conveyor belt' or 'patient treadmill' experience. They felt this, in turn, worked to prevent patients from more regularly getting their eye health checked.

Limited time with patients

Some individual registrants noted tight schedules reduced the time available to understand patient needs, increasing the risk of dispensing mistakes and making any extra time spent with patients with complex needs difficult to absorb.

> *Because if you start rushing the end of a sight test you might only need three or four minutes extra discussion time. But if you're already gone past your 30 minutes, then everyone's under pressure and it affects productivity and patient satisfaction overall… things get missed, patients don't get the full service.*
>
> **Optometrist, Multiple**

Additional appointments

Some optometrists reported they sometimes require patients to return, as they did not have enough time to complete additional tests during the initial appointment due to limited flexibility in the schedule. They felt this potentially could have long-term impacts on patients if they did not return to complete these tests.

> *Having to rebook that patient in another day to then do [more tests], it just feels like it would have been ideal to do it on that day while you had the patient. Because I have actually had cases where patients then don't return.*
>
> **Optometrist, Multiple**

Patient representative organisations were concerned that booking practices create environments where patients felt unable to return. One patient representative organisation noted that patients who avoided returning to optical care risked delayed detection and worsening eye conditions such as glaucoma or macular degeneration. They linked avoidance accessing eye care to "deteriorated vision while waiting" and potential loss of sight or function. While patient representative organisations acknowledged these were longer-term impacts on safety that they did not necessarily have first-hand evidence for, they were still concerned about this.

Delayed referrals

Some optometrists indicated there was increased likelihood of delaying, rushing or missing detail in referral write-ups, for example, to GPs or secondary care.

> *If somebody needs [to be] referred for something, I'll tell them, okay, I'll refer you, but I can't do it there and then. I have to do it at the end of the day when all my patients are done. So, I can't give them the confirmation there and then that I have sent the referral or I've written to their GP, or I just have to say, 'I will do it.' And often that means people will phone back and say, 'Did you do that? Um, has it gone through? How long will it be?'*
>
> **Optometrist, Multiple**

Non-registered eye care staff in multiples said that to meet patient numbers, they would have responsibility for tasks such as pre- or post-screening, and that sales and remakes or refits would be spread out across a range of roles. Non-registered staff and many individual and business registrants felt this was effective and worked very well in many cases – particularly in supporting optometrists to complete sight tests quickly, by having surrounding tasks be completed by other staff.

However, a small number of individual and business registrants, usually based at independent businesses, indicated that having non-registered staff carry out these types of tasks could mean mistakes impacting on patients were more frequent.

> *The guys that they've just employed on minimum wage who aren't qualified, who are doing the sales, they would make the most basic mistakes of like clicking the wrong button. These are for reading, but actually the person who did them has clicked distance, right? Or clicking reading, and then actually they're supposed to be for driving.*
>
> **Dispensing Optician, Independent optical business**

Long-term viability

One longer-term negative impact on patients that was flagged by business registrants was around negotiating booking practices, financial viability and meeting long-term patient care needs. A few independent optical businesses said they weren't currently overbooking and did not want to implement a model of sales and care that included ghost clinics. However, they had concerns about whether their businesses would be financially viable in the long term.

> *Because at a basic level, you've got to keep a roof over the practice's head and over everyone in its head, or the practice simply won't be open, and that will affect everyone's jobs, and it will affect all of the patients as well. Practices will close, and then they'll have to go other places, and then there won't be enough appointments because there aren't enough test rooms.*
>
> **Optometrist, Independent optical business**

Perceptions of positive impact on patients and the public

Some business registrants – and a few optometrists and dispensing opticians – felt their booking practices had a positive impact on patient care.

Individual and business registrants based in independent practices said that being less constrained to rigid booking times due to booking largely by phone and having fewer but longer tests in a day contributed to a better patient relationship, and encouraged patients to return in future. Business registrants said this ultimately served the business and made it easier to make sales.

> *So, for this particular practice, [the diary management] works well. We're in an affluent area, so having – giving patients that extra bit of time usually then does reflect in the dispense.*
>
> **Business registrant (Owner, Optometrist), Independent optical business**

Some business registrants said that the practices described in this section had a positive impact on patients, as it helped ensure everyone could conveniently access eye care.

> *It's about maximising patient availability.*
>
> **Business registrant (Branch manager, Optometrist), Multiple**

They also noted these practices maintained the viability of the business by mitigating against no-shows and increasing sales. They felt that if businesses were unable to generate a profit and had to close, a lack of access and reduced patient choice would have a more negative impact than booking practices.

3.4 Impact on optometrists and dispensing opticians

3.4.1 Increased stress and anxiety

Many optometrists and dispensing opticians said booking practices such as overbooking and ghost clinics caused them severe stress, particularly those practising in multiples.

> *I think there's enough pressure just doing the normal day-to-day at 20 minutes because of the limitation of time restrictions on patient care, then how would you feel if there was a whole other diary waiting for you in the background? I think there's a psychological impact it has on an optometrist, knowing there's always somebody waiting in the background.*
>
> **Optometrist, Multiple**

Some optometrists based in independent practices had previous experience of working at a multiple, for example, as a locum. These optometrists said they were unhappy with the pressures around patient numbers in those environments, which led them to pursue work in independent optical businesses instead.

Dispensing opticians also said that increased numbers of sight test appointments increased the busyness of the shop floor and also contributed to them feeling under pressure and overwhelmed.

> *I think the organisation that I work for tends to push everybody to the limit. They're slightly over the edge of patient care, which has been traded for a cheap price. So I think the public put up with it because they know that when it comes down to what they pay is less than everywhere else. But yeah, I think practitioners are pushed a little bit beyond their limit.*
>
> **Dispensing Optician, Multiple**

Some business registrants, as registered optical professionals themselves, said they had experienced firsthand just how much pressure working in businesses with a ghost clinic could place on individual registrants and therefore ensured their businesses did not have these in place.

> *I've been an optom for 20 years, I've worked in places that did run a ghost clinic with 3 clinicians running 4 patients' tests. It's impossible to do that without cutting corners, without running extremely late… so I won't run that in my store. Why would I put more and more stress and strain upon my clinicians to miss something, to increase the risk of getting sued, to increase the risk of having burnout? It's not fair, and I won't do that. I won't want to do that myself, so I wouldn't put that on my clinicians.*
>
> **Business registrant (Owner, Optometrist), Multiple**

A part of the stress and anxiety of feeling rushed and the pressure to see a high number of patients was linked to a **fear of missing something**. Many individual registrants worried about clinical errors, often taking concerns home and replaying whether they had fully met patient needs.

> *It's important to have a detailed communication and to understand the patient lifestyle, occupation, difficulties of the different visual aspect they are facing with. And as a practitioner, you need to provide the best care you can, best product you can, that providing comfort and making sure they do have a very good visual correction. Hence, you don't get the time to be able to go to extent of talking to patients and making the decisions. And as a result, when you are so busy, you're bound to make a mistake. And that is always in back of our minds as a practitioner, worrying you might be going to do something wrong. And that is a big worry. Always, every day of my work, when I come home, I'm thinking, have I done okay? Is there any mistake I have made?*
>
> **Dispensing Optician, Multiple**

A few individual and business registrants stated that they felt their notes or write-ups were impacted.

> *You definitely do feel like you're impacting patient safety. You're having to spend time afterwards second-guessing yourself, looking over everything and making sure your notes are correct. Your notes often are the biggest thing that end up not being taken care of because if you're not able to write notes that quick, you're not able to do all of it.*
>
> **Business registrant (Optometrist, Practice Manager), Independent optical business**

Some optometrists and dispensing opticians said that booking practices and pressures to see high numbers of patients also led to lost breaks and late finishes, and reduced communications and handover quality.

Lost breaks and late finishes: Many individual registrants said they frequently missed breaks or stayed late to complete paperwork, referrals, or other tasks they couldn't fit into the working day. A lunch break was often conceived of as time in the middle of the day that could support with managing a busy diary, rather than as a real break for the staff.

Reduced communication and handover quality: A few individual registrants noted time pressures led to shorter, less comprehensive handovers and reduced team communication.

> *Three-way handovers are essential... someone is more likely to buy something when they're handed over [between the optometrist and dispensing optician] but when it's busy and the optom buzzes and no one is there to come and take the customer... no one is around to help.*
>
> **Non-registered eye care staff (Optical Assistant), Multiple**

Ultimately, individual and business registrants felt overbooking and ghost clinics were exhausting to handle and bad for morale.

> *I think there was 20 patients allocated per clinic [while working in a previous location], and an optometrist didn't come in, and so instead of cancelling that clinic, they just let those patients turn up, and then we ended up doing a rolling diary. On that day, I saw 34 patients. There's no concern for patient safety. There's no concern for my own work ethic, to exhaust someone like that.*
>
> **Business registrant (Optometrist, Business owner), Independent optical business**

What you don't need is to cover for an optician that never existed. It's bad for morale. I don't know any optometrist that likes it. You know, it's one of the things that they hate. If someone comes in and they need to be seen urgently and we're fully booked, then we'll see them, slot them in. Of course we will. But don't be running an extra clinic for an optician that isn't there that you're not paying. And you're not paying me for it either. So yeah, I mean, ghost clinics, I think the GOC might have a little word on that because how can you book a clinic for an optician that isn't there? I mean, that is smacking of a big opportunity for poor patient care, poor morale, mistakes. So that is one area I think the GOC might want to have a little word on.

Dispensing Optician, Multiple

Perceptions there is no impact on optometrists and dispensing opticians

Some optometrists and dispensing opticians, in both independent optical businesses and multiples, said they did not feel pressured by patient numbers and that their workload was manageable. In some cases, these were business registrants who felt that overbooking practices were manageable for staff. In other cases, these were individual registrants who had more control over their diary management, and felt their days were not too busy.

Some more senior or experienced registrants thought it was more recently qualified or younger staff who felt overwhelmed by patient numbers and pressures to see patients, but that this did not reflect, in their perception, the reality of the situation.

Well, you've got to work hard to be successful. I think there's a generational shift, not just in optometry, but the generational shift all throughout, that people like me and older people like me moaning about Gen Z and whatever is that the expectation is, and that the amount of work that is expected to be done to get an output is a lot less than what we had to get to get an output.

Business registrant (Owner, Optometrist), Multiple

I think that when you know there's five people waiting for an appointment in the waiting area and you've got one person in your room, you naturally try to sort of shorten things or be as fast as you can. And again, like I said, I personally have worked in that place for a long time, so I'm sort of used to working with the pressure and I think I'm at a stage, I don't really let it really take me down. But I see other optometrists, a lot newer optometrists, fresh optometrists I work with that find that very difficult to do, definitely because they feel the pressure.

Optometrist, Multiple

3.4.2 Impact on non-registered eye care staff

Some non-registered staff, with their wide-ranging responsibilities, said they were also impacted by high patient numbers. One optical technician noted it was possible to forget patients in the midst of a busy practice which contributed to feeling guilty or overwhelmed.

> *I am guilty of missing things myself. I've walked past a patient and they've gone, 'Oh, can I just' – and you want to help and acknowledge that patient, so you do, and then you go do your thing. Having said 'I'll come right back to you.' And then there's something else that's caught your attention because that patient's not directly in front of you, or you haven't got that frame in your hand and then that gets missed as well.*
>
> **Non-registered eye care staff (Optical Technician), Multiple**

However, other non-registered staff said booking practices at their places of work did not have a negative impact on them. For some this was because they were working at smaller businesses where booking practices such as overbooking were very minimal and did not lead to high patient numbers – they therefore did not feel there were any negative impacts of practices such as overbooking. Others said they did not overbook the business at all, so they did not feel any of the negative pressures associated with being too busy or fitting patients in that some individual and business registrants described experiencing.

> *We do double book two extra appointments, one in the morning, one in the afternoon over the top of a normal clinic but it never seems to clash with anything we need to do because we are a [business] that really does have a high level of failure to attend.*
>
> **Non-registered eye care staff (Optical Assistant), Independent optical business**

3.5 Recommendations from participants

3.5.1 Participant recommendations for the GOC

There was no consensus among individual or business registrants about what the GOC or the wider sector could or should do about booking practices. Some felt the GOC should regulate minimum patient numbers to ensure registrants and practices were not cutting corners in their treatment of patients. Others felt strongly that regulation would be impossible due to the varied nature of patient needs and practice demographics.

Business registrants were more likely to suggest that regulation here would be inappropriate, as they felt booking practices did not impact patient safety.

Some optometrists and dispensing opticians were also pessimistic, feeling there was little that could be done to reduce impact here. They thought practices were "so tangled in profit from the selling of glasses," in the words of one dispensing optician.

Patient representative organisations generally did not make recommendations directly for the GOC. They felt the regulator could work in concert with the wider sector – particularly focusing on contracts and GOS fees in England – to help optical businesses feel they don't need to rely on practices such as ghost clinics to survive financially.

> *It's about reducing those incentives for practitioners to undertake that practice. So that would be elements around how the sort of commissioning and how the fees structure, the commercial targets and those fees are paid. So current fee structures, you know, do not compensate for longer or more complex appointments, for example, and this creates disincentives for practices to accommodate patients with extra needs.*
>
> **Patient representative organisation**

Participant recommendations specifically for the GOC included:

- **Lobbying on GOS fees and contracts in England:** Many individual registrants, business registrants and patient representative organisations linked high patient volumes to the GOS fee and NHS contract structure in England, suggesting the GOC could lobby for reform. Patient representative organisations, in particular, wanted to see the GOC have a role in creating pressure to change the GOS fees and contracts in England, which they felt were responsible for a lot of the challenges noted in this report.
- **Guidance on patient numbers:** While they saw regulating maximum numbers as difficult, some optometrists suggested that the GOC could issue guidelines outlining what may be considered reasonable patient numbers per day.
- **Action on ghost clinics:** Some individual registrants, business registrants and patient representative organisations recommended regulating against ghost clinics or publishing a position statement outlining why they may be harmful to both individual registrants and patients.
- **Mandated short breaks:** Some optometrists suggested introducing regulation requiring short breaks between sight tests.
- **Workplace stress awareness:** A few individual registrants recommended the GOC increase awareness of work-related stress in businesses, by sharing resources or

encouraging training for practice managers or owners of optical businesses that focuses on supporting individual registrants with managing stress and anxiety.

- **Protecting clinic time for vulnerable patients:** One patient representative organisation noted the GOC could suggest to optical businesses that they introduce dedicated clinic times for more vulnerable people. This could be when it's quieter, towards the beginning or end of days, to allow individual registrants more time to talk through the process and outcomes to help patients feel more comfortable and relaxed.
- **Enhanced whistleblowing:** A small number of optometrists and dispensing opticians proposed stronger, more accessible whistleblowing processes to report wider unsafe practices, including booking practices, to the GOC.

> *I think the GOC doesn't really hold any company to account. In my personal opinion from my experience over the last 10, 15 years, maybe longer, I've not seen the GOC take any significant action against these corporate practices [such as ghost clinics] that are coming to stores. It has been raised by organisations such as the Association of Optometrists. I know there was a well-known forum Ophthalmic Practitioners Group, OPG. That was very vocal and certainly was a critic of [ghost clinics]. And I think because of their pressure, certainly it highlighted these issues. I think the GOC, in my opinion, can crack down on it and say, look, you are only meant to see the diary that you have. If they're not patients that you should have, you should not have a double clinic. There shouldn't be a ghost clinic at all. It's unethical.*
>
> **Optometrist, Independent optical business**

3.5.2 Participant recommendations for the wider sector

Individual registrants, business registrants, non-registered eye care staff and patient representative organisations had recommendations for the wider sector:

- **Review of NHS GOS funding in England:** Many individual registrants, business registrants and particularly patient representative organisations said the government should review NHS GOS contracts in England to increase funding for optical practices. Many felt this was the only real way that changes to booking practices could occur, helping businesses feel they do not need to rely on overbooking practices to mitigate against high failure-to-attend rates.
- **Improved booking triage:** Some optometrists and dispensing opticians suggested updating booking software to include triage or pre-screening questions. This would mean standard sight test slots are allocated only when appropriate.
- **Patient education campaigns:** A small number of optometrists felt campaigns explaining the value of NHS sight tests – emphasising they are NHS-funded rather than

free – could reduce non-attendance and therefore reduce reliance on overbooking. Suggestions on who would fund this campaign were mixed but some felt this could be from larger multiples, the NHS, the GOC or the government.

- **Emergency slot provision:** Some optometrists and dispensing opticians suggested businesses reserve set slots for emergency walk-ins as standard practice.

> *But it seems to me that, you know, if they don't fund it properly, that those – the patients in these areas of deprivation are not going to have access to NHS sight care. And then where does that leave them?*
>
> **Business registrant (Practice Manager, Dispensing Optician), Independent optical business**

> *I would think I would suggest that [ghost clinics] should not be part of the contracts. It should be definitely outlawed as part of the contract and penalties paid if they tried to do that.*
>
> **Patient representative organisation**

4. Sight test times

4.1 Section summary

Nature and extent of sight testing lengths

- Sight test lengths varied widely, from 20-minute slots in multiples to 45-60-minute slots in some independent optical businesses.
- Multiples often relied on optical assistants for pre-screening, scans and visual field tests, while independents usually required optometrists to do all elements, contributing to longer appointments.
- There was some flexibility to adjust test times if required but this flexibility could have negative impacts. For example, optometrists based in multiples said they would extend tests if they felt it was clinically necessary, but this caused diary delays and impacted others.

Impact on patients and the public

- Optometrists and patient representative organisations felt patients sometimes thought tests were rushed, with limited time for communication. Some felt this impacted on whether patients wanted to return for appointments in future, potentially impacting long-term eye health.
- Vulnerable groups such as children, people with learning disabilities or physical disabilities, and older patients usually needed more time. Some optometrists felt able to extend appointments where needed, while others felt unable to do so due to booking pressures. Some patient representative organisations were concerned that patients weren't always getting the care they needed.
- Many business registrants felt that sight test times did not impact patients at their businesses. They felt suggestions that shorter test length meant patient safety was being compromised were untrue. Some optometrists said they could comfortably test in around 20 minutes and this allowed them to see more patients.

Impact on registrants

- Many optometrists and dispensing opticians felt short test times – alongside booking practices – contributed to high workload, increased pressure and concerns about mistakes.
- Some optometrists reported reduced job satisfaction and increased burnout, which meant they left multiples for independents.
- Optometrists who worked as locums felt they were particularly affected, as they had less control over diaries. They also wanted to be invited back, so felt pressure to perform quickly.

Recommendations from participants

- Many individual and business registrants suggested introducing minimum sight test times (often 20-30 minutes) and stronger oversight or auditing.
- Others, both individual and business registrants, cautioned against regulated testing times, arguing that patient needs vary.
- Some individual registrants felt enhanced triaging processes could help sight test times being adjusted in advance if needed.

4.2 Nature and extent of sight test length practices

4.2.1 Expectations around sight test times

Optometrists stated that the booking practices previously explored were interlinked with expectations around sight tests. Busy schedules and feeling pressure to quickly pick up the next patient waiting under a rolling clinic meant some optometrists felt they were expected to test as quickly as possible.

Individual and business registrants said expectations around sight testing times were generally set by practice owners or head office, rather than by individual optometrists, unless they owned and ran the business.

Individual and business registrants stated the expectations for the time allotted for a sight test varied across the different business sizes and types – less time was generally allotted at multiples (although pre-screening would typically be completed by another staff member) and more time at independents. The most common test times individual and business registrants reported were:

20-minute slots – with shorter average test times – at some multiples

20-30-minute slots at other multiples

45-minute to 60-minute slots at some independent optical businesses

There was a range of sight test times reported by optometrists. In one instance, an optometrist noted they had alternating 20 and 25-minute test times in the diary.

Optometrists often said they had the flexibility to extend appointments where there was a clinical need to do so.

> *To be honest, I can't really say that [there is an impact on safe patient care] because even though the timing is fixed, there is flexibility. I can extend the time if I wish.*
>
> **Optometrist, Multiple**

> *There is flexibility. I mean, I can change the times myself…as long as you give, so in our place, as long as there is a logical reason as to why you're doing something then they're quite fair as long as you had written your notes. So in other words, I have flexibility to extend the time if I need to, or if I need to book an extra slot for visual aids, for example, I'll be able to do that.*
>
> **Optometrist, Independent optical business**

However, this flexibility was not typically embedded in booking systems – most individual and business registrants said there typically weren't longer slots available for patients to book online, for example, unless they were specifically selecting a contact lens appointment. This meant that, with busy schedules, an optometrist deciding to extend a sight test to spend more time with a patient caused delays for subsequent patients.

> *There's not really much flexibility. If I need the extra time, then I can physically keep that patient in my room for a longer amount of time, but it will have a knock-on effect because if the next one is already booked, there's no way that the manager would say to that patient, can you come back another time or rearrange it for me? So I wouldn't really have that flexibility.*
>
> **Optometrist, Multiple**

Ultimately, optometrists said they would spend longer with a patient if that was required, for example, due to unforeseen additional clinical requirements or the patient having additional mobility needs. But some also acknowledged this could create knock-on pressure for the rest of the staff and for rest of the day's diary management.

> *If I'm able to book the time out, I'll book the time out. If they come in and it's already a fully booked day and then you start doing the eye test and you go, oh, this person isn't straightforward. I'm going to need more time then, you know I just need to make that clinical decision.*
>
> **Optometrist, Multiple**

You've got a capacity of 25 minutes. But if your patient is more complex, and complexity of patient varies so much, you might have somebody who's in a wheelchair perhaps, and these factors aren't considered. You might have an autistic child, for example, or you may have somebody has complex needs... So if it's me, I would just run behind my next patient. I will eventually catch up somewhere. I think, well, if it is a more straightforward patient, I will then fit into this. So there's no flexibility in the diary because the diaries are usually full and they're usually structured in slots of appointments... they come to your door and you've got 25 minutes and you realise that they're autistic or they've got special needs, you know you'll need longer for that patient just because of responses and how you perform the eye test.

Optometrist, Multiple

4.2.2 The tasks and responsibilities related to sight tests

In multiples, larger staff teams meant optometrists rarely performed tasks such as pre-screening, Optical Coherence Tomography tests (OCTs – scans of the back of the eye) or visual field tests, with optical assistants often taking on these tasks. Optometrists felt this reduced pressure on the sight test time length.

I do a bit of everything. I'll do the dispense with the patient, including the measuring open. I'll do collections, I do the pre-screen, the OCTs, and the field tests... I used to do a bit of glazing [fitting lenses into frames], less now, but obviously still checking glasses, making sure they're correct.

Non-registered eye care staff (Optical Assistant), Multiple

I don't fully pre-screen, so I do everything in my room other than the visual fields, because visual fields can take a little while to do. So they're checking the peripheral visions. They can sometimes take 5, 10 minutes to do. The girls [assistant staff] can do those. I can then look at them with the patient as they come in.

Business registrant (Owner, Optometrist), Multiple

Individual and business registrants at independent optical businesses differed – they said they usually complete all elements themselves, which often contributes to longer appointments.

However, some individual registrants noted that non-registered staff without clinical knowledge being in charge of wider tasks can create problems with diary management around sight test lengths.

> *I've been in practices that don't necessarily have a ghost clinic, but they have short testing times, and they'll have like sometimes 15, 20-minute alternating or 20 and 25 minute alternating, which I think isn't adequate enough time to perform a full eye test. And especially because if you're delegating the responsibility to somebody else to do the booking in of appointments, they don't know what extra tests you'll require to do on that patient. So sometimes optical assistants aren't always aware of the fact that a patient might need to be dilated with eye drops that require them waiting around for an extra 30 minutes. Squeezing them into a short 15-minute slot isn't really ideal for that sort of a patient.*
>
> **Optometrist, Multiple**

4.2.3 20-minute sight test times

Individual and business registrants sometimes referred to 20-minute sight test slots built into the online booking systems at multiples. This would not include the pre-screening and other tasks noted in the section above, which were done by other team members. However, some individual and business registrants from independent optical businesses still referred to 20-minute sight test times as an example of practice underway in multiples that they felt was harmful to patients and registrants.

> *Most of the sight testing times are too short. If you look at a full sight test, you can't actually carry out a full test with everything included on each individual in 20 minutes, which is the average. So you do need more time, especially because certain patients can come in and you don't know what you're going to get until you've asked them the histories and what they're here for.*
>
> **Business registrant (Practice Manager, Optometrist), Independent optical business**

> *I think it's ludicrous to think that someone could do a test in 20 minutes. I think half an hour is probably pushing it in most cases. So I think – I'm not the person to determine the time frame, but I think there should be a standard, has-to-be-done time frame for a test. Whether that's someone does the research and figures out what that is, I don't know.*
>
> **Non-registered eye care staff (Optical Technician), Multiple**

Some others, typically business registrants in multiples, felt 20 minutes was sufficient, particularly for routine sight tests. A couple specifically noted that the average test time at their business was around 12-14 minutes. Some optometrists and business registrants thought that sight test times could vary by level of experience, stating they were able to work through sight tests quickly and safely as they were perhaps more comfortable doing so than more junior or less experienced staff members.

> *I am a pretty quick tester, and by quick I don't mean I miss things out. By quick I mean I'm pretty efficient in what I do. I've had colleagues who were lovely people that would probably see 11 patients in that day because it's a rolling clinic. And me being me, I would probably see about 22 or 23 in that same time frame. So almost literally double the number of patients. You get some optometrists who are just more efficient with their time.*
>
> **Business registrant (Optometrist, Owner), Multiple**

> *I feel as though my testing time has shortened and I can safely test a little bit quicker than I could before, or where I would definitely need 25 minutes fixed for every patient. Now you know, for example, younger straightforward patients may only take 15 or 20 minutes. You know, if somebody's completely got no prescription whatsoever, no eye health concerns, you know, it's difficult to spend more than 15 minutes doing a sight test.*
>
> **Optometrist, Multiple**

4.3 The impact of sight test times on patients and the public

4.3.1 Patients feel rushed

Some individual and business registrants – and patient representative organisations – felt patients experienced tests and dispensing as rushed. Individual registrants noted that limited time in the clinic rooms themselves meant explanations of processes or results could be brief or unclear to patients.

> *I will always try to make sure the patient understands everything, to make sure they're happy. But then that does eat into my appointment time with the next patient. There's many times I feel like I could explain this a whole lot better to the patient, but I don't have time. So, you know, it's just constant rush*

Optometrist, Multiple

> *After testing, patients just go away with a little piece of paper that just gives stuff that patients won't understand because it talks about things like the spherical this, that, and the other. And nobody's explained it. I think there is some sort of lack of transparency there.*

Patient representative organisation

Patient representative organisations felt this could impact on patients' willingness to return for routine eye health appointments, which may impact long-term eye care.

> *We know with people with learning disabilities, adults with learning disabilities are 10 times more likely to have a problem with their eyes compared to a neurotypical person. And for children, that's 28 times more likely. So not getting the right eye care that they need, that's going to have a huge impact on their lives.*

Patient representative organisation

Patient representative organisations also highlighted concerns around vulnerable groups who may need additional time. They said that children and adults with additional learning needs, older patients and others with physical disabilities would need additional time in sight tests. They would particularly need more time for increased communication and explanation, as well as more time to physically move around the space.

> *Longer tests is a reasonable adjustment for people with other conditions…who might need more time and more explanation of what's happening. Learning disabilities and people with Alzheimer's as well, or dementia as well. We think it's really important that there's the flex in the system to enable optometrists to take the time that they need to deliver the level of care that is needed and that they want to.*

Patient representative organisation

As explored in reporting on booking practices, some optometrists felt they had the capacity to extend and flex tests as needed, while others felt pressure to keep the pace high and spend less time with patients in service of meeting the demands of the diary. This could impact on their capacity to communicate with patients – one optometrist discussed speaking with patients who had had a more rushed experience elsewhere.

> *A lot of people when they come and see me, they haven't understood what's happened in the eye test [at a previous appointment in a multiple] purely because of time constraints. Usually, you explain the results to them and it's like a light bulb went, oh, is that what it was? Because you've had the time to explain. Or the eye test that was done was absolutely fine and the referral that was made was spot on, but they didn't understand the referral. They didn't understand the results.*
>
> **Business registrant (Optometrist, Owner), Independent optical business**

As in the discussion of booking practices, individual and business registrants said they tried wherever possible to minimise the impact that short sight test times might have on patients. Some individual registrants and non-registered staff said they spend longer with patients when they are able to. They could recall very few first-hand instances where they or a colleague had made a mistake or missed something in a sight test due to time pressures.

However, we did hear a few examples where additional checks may have been missed in service of meeting time demands.

> *If a patient has a muscle balance problem, they would have to tell us rather than me checking for one. So muscle balance is probably one [test that might be missed]. I would say even refraction to a degree…you can keep refining until you're completely happy with it, and you just wouldn't have the time to do that. So you'd be 70% happy with your refraction. Back of eye is one thing I couldn't compromise on, but even then I was never happy with it. I think every test you are meant to do but there were some tests I would leave out. As I said, muscle balance, I just got to the point where I just left it out.*
>
> **Optometrist, Independent optical business**

Individual registrants in practices where they may have upwards of 30 minutes to complete sight tests often said they were unsure how other registrants could safely complete all the requirements in 20 minutes or less.

> *Testing times vary between practices. Minimum you want is about 25 minutes. I've seen optometrists pumping people out in three to four minutes. I know I'm not an optometrist, but I know what they have to do. I once saw an optometrist test four children, one non-verbal, in seven minutes, which is in my eyes impossible. Especially a non-verbal child who wouldn't sit still. To do that in seven minutes, all four kids, is impossible.*
>
> **Dispensing Optician, Multiple**

4.4 Impact on registrants

4.4.1 Fear of mistakes

Optometrists and dispensing opticians felt that short sight tests were intrinsically linked to booking practices and contributed to a general sense of a high workload and feeling rushed. Some said this led to them feeling concerned that they would make mistakes.

> *When you are so busy, you're bound to make a mistake. And that is always in back of our minds as a practitioner, worrying you are going to do something wrong.*
>
> **Dispensing Optician, Multiple**

First-hand instances of individual or business registrants recounting any mistakes they may have made within a sight test, because they were feeling rushed, were rare to hear. However, individual registrants were worried that this was something that may have happened, or something that might happen in future.

One patient representative organisation noted they were aware of a few fitness to practise cases that related to individual registrants missing issues due to the pace and pressure of testing. Although this representative did not suggest this was a widespread patient safety issue, they felt that high pressure working environments did have an impact on optometrists and the quality of care they provided to patients

> *Reduced times per patient, incomplete records and missed referrals has in some cases led to the optometrist, due to that amazing amount of pressure to see so many patients, led to a fitness to practise case... we have heard of examples of where optometrists saw over 30 patients a day, or sometimes up to 59, leading to poor quality tests and insufficient patient interaction,*

with some practitioners being praised for that high throughput. But then when something goes wrong, they get themselves in trouble and [can] be in fitness to practise cases. So, this really is putting optometrists under a lot of pressure.

Patient representative organisation

4.4.2 Impact on job satisfaction

Expectations around the pace of sight tests often contributed to job dissatisfaction. Several optometrists said they had left their jobs in multiples as they were unhappy, feeling pressured to deliver lower quality care and were worried about burnout.

> *This [overbooking and short test times] is the whole reason why I set up my own business, to walk away from these kinds of practices. That was the main motivation... a lot of optometrists are fed up of the working practices that you see in a lot of the multiples where the clinic will be packed up, they'll be told it's a 25-minute diary, when they walk in, it's a 20-minute diary and there'll be a ghost clinic, if you start seeing 20+ patients a day... I think most optometrists will do it in a safe way, but the burnout from doing that consistently every day, it's not healthy.*

Business registrant (Owner, Optometrist), Independent optical business

One optometrist described carrying out sight tests even quicker than those set out in the diary to create short breaks for themselves.

> *I think the only reason I test quicker is because I've had to. If I took 25 minutes per patient, we would run behind and I'd probably get it in the neck, to be honest. My numbers would be lower [with longer sight test times] and at the moment I can test quicker than my clinic. So I can either squeeze more people in or have a breather in between patients. I try to test quicker so I can go and get a drink or eat something or go to the loo.*

Optometrist, Multiple

However, a number of optometrists felt that the pressures to test quickly – combined with high patient numbers, fears around making mistakes, and pressures to meet sales targets – contributed to job-related stress and anxiety. This prompted some to consider leaving the profession entirely.

> *I've had friends who've left optometry. I think the thing that people are most frustrated with is just the chaotic nature, the busyness of a day where you don't feel like you have time to breathe. I think that's the kind of hardest thing... Certainly for the people that I know... a girl I know just went and retrained in some sort of IT because, she was just like, I've had enough of optometry.*
>
> **Optometrist, Multiple**

Some optometrists said sight test times were particularly challenging for locums who had less control within businesses, weaker relationships with management and were under pressure to perform to secure future work.

> *The locum agencies may say that you're expected to see a certain number of patients, and this is the testing time that you have... So you can be told you've been seeing, say, 18 patients and you've got 30-minute session, and you get there, the diary is configured completely different. You might have 25 patients booked in and they're all booked at 20 minutes... Perhaps the agency has been given the wrong information, or the store hasn't taken on the information from the locum agency to reflect what the working conditions the optom has agreed to. But you're too far gone by then because you're already in the practice, you're already there, you've got your patients waiting."*
>
> **Optometrist, Multiple**

4.4.3 Raising concerns

Some individual registrants said they had raised concerns around their experiences of short sight test times. This included scheduling meetings with practice managers or owners to flag they did not feel the testing times were safe. Sometimes this took the form of raising concerns when a reduction to sight test times was proposed from head office.

There were varied responses to these concerns being raised. In a few cases, this led to additional time built into their diaries. Some optometrists said they were 'lucky' and management had taken their concerns around sight test times into account, which led to adjustments to their specific testing lengths.

> *I had multiple meetings with the bosses. They actually extended my appointment times for me by 5 minutes, which did really massively, massively help.*

Optometrist, Independent optical business

Other individual registrants said that their concerns around short sight test times did not lead to any changes or have any impact on the approach to sight test lengths or booking practices.

> *I have raised concerns about the testing times because there's no automated elements [at the business] to facilitate quicker tests. I have said that I would prefer for my testing time to be longer, but the justification there is that the amount of patients that fail to attend or because it doesn't get fully booked every day, that that means that that's acceptable...*

Optometrist, Multiple

Another said that while they did not make a formal complaint, a proposed reduction in sight test times from head office led them to have a conversation on the topic – after which they were provided with advice on how to test faster.

> *I raised it to my director... I didn't raise a formal complaint of it. I didn't, you know, demand to know what he was going to do or anything like that. I just kind of mentioned it and left it as it was. The person who did the meeting with me actually typed up her notes and emailed them across to me of her findings of that meeting and what advice she'd have on how I can test faster and what adaptations the store can make to increase volume of testing and things like that, especially with a large focus on stack appointments, the sight test and contact lens combined appointments where they expect you to do both in 25 minutes.*

Optometrist, Multiple

Several business registrants said they had received concerns from their staff around sight testing times. As with the experience of individual registrants, there were varied responses.

One business registrant said they personally run a 20-minute clinic, but they support pre-registration optometrists by slowly decreasing the testing time down from an hour over the course of their training.

> *If I need to increase the time, which has happened with the pre-reg for example, it has happened where we've dropped them down to 30 minutes and they've struggled to run their own clinic, so we've had to increase them back up to maybe 40 minutes or 35 minutes that way as well.*
>
> **Business registrant (Owner, Optometrist), Multiple**

Another felt it would not be fair to give one clinician extra time if others were not receiving that same time.

> *It would be strange because you've got to remember there's 5 different opticians that work for us. If one of them wants extra time, then, you know, how's that going to work? It's not fair, basically.*
>
> **Business registrant (Owner, Optometrist), Multiple**

Generally, it was rare for business registrants to say they would change the sight test length time, as they felt these times were appropriate for meeting patient needs and that optometrists were fine to complete the required testing in the allotted sight test length. One business registrant said they would look at resourcing if there was a staff member they felt was repeatedly struggling to operate within standard test times – but that a repeated failure to meet the requirements of the business was ultimately an HR issue.

> *If they [an optometrist who had raised concerns] consistently didn't have the space and they were struggling, then you'd make adjustments to your diary. You say, okay, well, that's not great but that's what's ethical, you know. If they were always running half an hour behind, I'll say, well, take out last minute, take out this last test and you'll have a normal day. But if they were being too slow, that wasn't delivering a business need, as in they weren't covering their costs or they weren't performing very well in terms of customer feedback or their remake rate, this is also going to contribute to their sales performance. Then that'll be a HR conversation that'll be managed.*
>
> **Business registrant (Owner, Optometrist), Multiple**

Perceptions of no impact on registrants

As noted earlier, some business registrants – as well as some optometrists who felt the balance between clinical and commercial practices was right – were generally more inclined to say that short sight testing times were not a problem.

Some of these felt that less experienced optometrists were adhering to a 'guideline mentality', rather than treating patients according to how much time they need.

> *We've got some newly qualifieds... timing-wise, it can be a problem for them. I think some optometrists, if they're told that it is [a] 25-minute test clinic, they will stick to that. They won't want to be flexible, even though you can do an eye test for a child in 15 minutes. And even if it's a straightforward patient that's regularly been seen, a young person, you can get that done in 15 minutes. You can save time here and there. So instead of sitting around with that patient for longer, you want to maximise the commercial aspect and to make sure that the store is getting the maximum profits.*
>
> **Business registrant (Branch manager, Optometrist), Multiple**

4.5 Recommendations from participants

4.5.1 Participant recommendations for the GOC

As with booking practices, there were mixed opinions across individual and business registrants about whether the GOC should or could regulate sight testing times.

When individual registrants felt the GOC should take action against pressures to see a high number of patients, they were typically more inclined to suggest regulation around a minimum sight test time than regulation against overbooking practices, which they felt were harder to monitor and regulate.

However, some business registrants and some individual registrants also felt that regulating sight test lengths would be inappropriate and unnecessary. The length of a sight test was felt to vary dramatically based on the needs of that individual patient, which were often different in different areas depending on the patient demographic. Some individual and business registrants therefore felt regulated minimums were difficult to implement safely and ultimately inappropriate.

Overall, recommendations to the GOC around sight testing lengths were:

- **Minimum sight test times:** Some individual registrants, business registrants and non-registered staff felt the GOC should regulate minimum sight test lengths, most commonly suggesting 20 or 25 minutes. As explored above, perceptions of what constitutes an appropriate minimum sight test length varied. Several optometrists

working in independent optical businesses suggested a regulated 30-minute minimum sight test time.

- **Audit and oversight:** A small number of individual registrants recommended the GOC more proactively audit sight test lengths and calendars. A few proposed a mystery-shopper model to observe real sight tests, while recognising implementation challenges.

> *It cannot be safe to do an eye exam every 15, 20 minutes... if the optometrists are saying no, we can't do this and the GOC are aware that it's going on and they just need to perhaps bring in a minimum eye exam time so that registrants are not pushed into doing a 20, 15-minute eye exam, so that they're allotted a minimum of 25 minutes, half an hour. And if you have a really straightforward patient and they only take 20 minutes, well then that's fine, you know, you can catch up with your admin or something in those 10 minutes. But that's the only way really that they can enforce it, is to kind of enforce like a minimum testing time... But I can't imagine that happening with the way that automation and AI is going, because eye exams in some places are just going to get quicker and quicker.*
>
> **Business registrant (Owner, Optometrist), Independent optical business**

> *It's not a one-size-fits-all answer. If you say to everybody, okay, your eye tests have to be 30 minutes, well, if you see a young, healthy 20-year-old that doesn't need glasses, you can finish the eye test in a very safe manner in 15 minutes.*
>
> **Business registrant (Owner, Optometrist), Independent optical business**

> *Well, I think it's going be very hard for them [the GOC] because, you know, if you go up against [the large national chains] they'll say 'well, we've got technicians who do the scanning, do the fields' and then you've got a 10-minute sight test at the end of it... it's not going to change.*
>
> **Optometrist, Independent optical business**

4.5.2 Participant recommendations for the wider sector

Patient representative organisations had fewer recommendations in this area around sight testing lengths as they felt this was a more technical issue which they were unable to speak confidently about. They more generally recommended that changes in the wider sector,

specifically around the NHS GOS contracts in England, would enable businesses and registrants to have enough time to deliver high quality patient care.

Recommendations from others for the wider sector included:

- **NHS contracts in England:** Some individual registrants, business registrants and patient representative organisations suggested NHS contracts in England could embed clearer expectations around sight test lengths to prevent patients being seen too quickly.
- **Enhanced triage:** As with booking practices, some optometrists, dispensing opticians and non-registered staff felt that triaging could help adjust appointment lengths in advance and ensure appropriate time is allocated to each patient.

> *I don't know how you'd implement it, and the kickback would be huge, but minimum test times would be the be-all and end-all, wouldn't it? But even the GP doesn't get that luxury. I think the way people would get out of that, particularly in the multiple setting, is that the test is sort of broken down with different people doing different elements of the test. So your optical assistants are taking someone to a screening room and doing all the screening, and then the optometrist is with them for a separate amount of time.*
>
> **Dispensing Optician, Independent optical business**

5. Sales targets and incentives

5.1 Section summary

Nature and extent of targets and incentive practices

- Business registrants, individual registrants and non-registered staff in multiples typically said that targets and incentives were linked to individual staff performance. Business registrants and individual registrants in independent practices tended to say that they focused on patient experience and team-based targets.

Impact on patients and the public

- Individual registrants and business registrants from independent practices often thought that individual targets encouraged upselling, rushed appointments and unnecessary product recommendations. Patient representative organisations thought patients felt this pressure and that they were being sold to. They thought this could damage patient trust, long-term engagement, and long-term eye health by deterring routine sight tests and increasing the risk of undetected eye health issues.
- Optometrists and dispensing opticians said they did not let targets impact clinical safety but thought commercial pressures subtly shaped patient interactions. This included promoting unnecessary products or services linked to targets, tailoring questionnaires to create sales opportunities or prioritising high-spending patients.

Impact on registrants

- Practice-level targets were generally seen as positive by both individual registrants and business registrants, supporting business awareness and staff development. However, some individual registrants felt they created unfairness when individual contributions were overlooked.
- Optometrists and dispensing opticians frequently linked individualised targets and incentives to negative impacts on them, including heightened stress, erosion of professional identity, reduced job satisfaction and damaging workplace culture.

Participant recommendations

- The GOC's scope for intervention was generally thought to be limited. Suggested actions included:
  - Clear guidance that commercial targets must not compromise patient care
  - Education and training that more effectively prepares registrants to work in a commercial environment
  - A stance on optometrists being paid per sight test completed
- Individual registrants – as well as many business registrants – placed most responsibility on employers, noting that business models underpin commercial pressures. Suggested sector-level actions included:
  - Shifting away from individual sales incentives towards team-based models
  - A Government review of the NHS GOS fee in England, cited as the root of commercial pressure

- Consideration of base-pay for staff
- Exploring business rate relief for practices
- Reducing manufacturer-driven volume incentives

5.2 Nature and extent of targets and incentives

5.2.1 Rationale for targets and incentives

Both individual registrants and business registrants recognised that optical businesses rely on sales to remain financially viable, especially given the limited amount of government funding received via the GOS contract in England. Targets and incentives were broadly accepted as part of business operations.

> *If we don't sell things we haven't got a business. We can't survive on NHS funding... We have to think of it as a business. We have to get everybody to think that way because without sales we've got no future.*
>
> **Optometrist, Independent optical business**

> *Without business incentives, optometry will suffer long term... until we get a satisfactory sight test fee, we have to have a realistic approach to finance and sales.*
>
> **Business registrant (Owner, Optometrist), Multiple**

Those with business management responsibilities monitored practice-level performance. Approaches to setting and monitoring targets among individual staff varied significantly by organisation.

A small number of individual and business registrants based in Scotland and Wales said that their GOS contract model reduced sales pressure.

> *Because I live and work in Wales, that has a big impact on [commercial practices] because the government here is a big supporter of clinical care being delivered closer to home, and our GOS contract, is a lot more supportive of our time for that, so there's a lot less retail pressure*
>
> **Optometrist, Independent optical business**

5.2.2 Individual staff targets

Most optometrists, dispensing opticians and business registrants at independent optical businesses reported that formal individual targets were rarely set, and that practice-wide targets were more common.

> *We don't talk about things like conversion, and we don't do like sort of daily sales targets... There's absolutely no pressure from the place I work at now. It's just one [collective] number for the end of the financial year. That's it.*
>
> **Dispensing Optician, Independent optical business**

In contrast, optometrists, dispensing opticians, business registrants and non-registered staff working within multiples frequently described the presence of individual performance targets for individual registrants and non-registered staff. These covered metrics such as:

Dispensing opticians	Optometrists	Non-registered staff
• **Product-mix and average order value (AOV)** – including pushes towards designer frames, coatings, and varifocals. • **Conversion rates** – tracking the proportion of patients who go on to purchase. • **Individual sales records** – sales logged and attributed to named staff for tracking.	• **Conversion rates** – the percentage of sight tests converting to dispensing sales. • **Clinic value / AOV** – overall value generated per clinic session. • **Product-mix** – e.g. varifocals, lens coatings, dry-eye products. • **Contact lens new-fit or direct debit sign-ons**. • **Throughput** – patient numbers per day. • **OCT uptake**.	• **Daily/weekly monetary sales targets**. • **Contact lens direct debit sign-up**. • **Product-mix** – coatings, varifocals, frame upsells. • **Individual sales tracking**.

One franchisee director viewed individual conversion rates as a positive sign of understanding the patient's needs and providing a good patient experience.

> *We feel with the right communication with an optometrist that's interested in the lifestyle and problems of the patient, they can find a solution, which they communicate well, and the patient will buy because they'll see the value in it to their lifestyle.*

Business registrant (Owner), Multiple

Optometrists, dispensing opticians and non-registered staff working in multiples said that individual targets were often closely monitored, including through daily team meetings, written justifications for missed sales opportunities, and digital performance logs. Failure to meet expectations could lead to performance management or risk dismissal as a last resort if no change occurred.

> *I actually had to do a disciplinary thing because someone wasn't hitting their targets at all. And I had to do part of the disciplinary for it. And then they later lost the job. So, it wasn't fun.*

Dispensing Optician, Multiple

5.2.3 Business-level targets

Business registrants from independent optical businesses and some multiples reported using business-level revenue targets. Business-level performance was monitored but individual targets were rarely enforced. These business registrants viewed targets as necessary for profitability and helpful for maintaining staff awareness of commercial realities, but not for guiding day-to-day clinical work.

> *We keep the staff informed roughly of where we want to be as a business, and then it's more of an individual if they want to look at those figures halfway through the week and see where we're getting up to. Some people are really motivated by that, knowing that we've beaten the budget – brilliant – and others aren't. And it's not enforced, it's just there if you want it. And being transparent about those figures week by week, I think, keeps people's mind on the commercial side of the business too.*

Business registrant (Owner, Dispensing Optician), Independent optical business

Many optometrists, dispensing opticians and non-registered staff at independent practices were unaware of overall business targets, reflecting a limited emphasis on individual contribution. Business registrants from independent practices often criticised individualised targets, arguing they encouraged upselling and increased time pressures. They preferred a

patient-first model with longer appointments, trusting sales to follow from strong patient relationships.

> *I think your business grows off the back of trust rather than it does through overselling glasses to people that they don't necessarily need.*
>
> **Business registrant (Owner, Dispensing Optician), Independent optical business**

5.2.4 Use of incentives

Use of staff incentives varied widely. Many individual registrants, business registrants and non-registered staff reported having bonus or incentive schemes in place, particularly in multiples but also in some independent practices. However, others reported no incentives at all. Multiples were more likely to offer formal individual bonus schemes, while independent optical businesses more often used team-based incentives or none at all.

Individual incentive schemes usually applied to GOC-registered staff (optometrists and dispensing opticians) but were less common for non-registered staff.

Where incentive schemes were in place, these included:

Cash bonuses

- Monthly, quarterly or daily payments for hitting revenue or conversion targets

Vouchers and gift cards

- Prizes for achievements such as signing up a set number of patients to a contact lens subscription or fitting the highest volume of a specific lens type within a given period

Small non-cash rewards

- Such as chocolates, pizza or lunches

Prize competitions

- Such as being put into a draw for an iPad for selling a specific product

Percentage share of overperformance on targets

- Such as 10% of sales value over target level

Pay-per-patient

- A per-test payment model used in some multiples

Most optometrists and dispensing opticians stated that incentives were linked to commercial metrics (AOV, clinic value, conversion, product-mix). For a smaller number of optometrists and dispensing opticians, they were tied to non-sales outcomes, such as Google reviews or patient feedback.

Business registrants described incentives as a useful tool for staff motivation, recognition and, in some cases, staff retention.

> *We have found over the years because of other practices offering – and this is going back to the whole multiples thing – because they all have bonus structures, our staff actually want a bonus structure. And without that they might start looking elsewhere, 'Where can I make more money?' So it's become not a business decision for the business, but it's become a business decision to retain good staff that we incentivise staff.*
>
> **Business registrant (Owner, Optometrist), Independent optical business**

A dispensing optician also discussed incentives that are set by manufacturers, which then translate into sales targets and incentives for individual staff.

> *The actual manufacturers themselves, they do offer businesses incentives to sell their products. So I suppose if you've got a business mind and you want to target sales, if you've got a manufacturer offering you a discount depending on how much you've sold and you want to, then you sort of might make the staff follow that, so you're getting the discount on your business.*
>
> **Optometrist, Independent optical business**

5.3 Impact on patients and the public

5.3.1 No direct impact on patient safety

Most individual registrants and business registrants felt modest targets did not directly compromise safety. Optometrists and dispensing opticians clearly stated they would not recommend unsafe products, regardless of any targets or incentives in place.

> *I feel as though when they give this pressure and this advice to try and increase the commercial aspects of it, I sort of say yes, I nod my head, and then I go away and I practise what's going to be safe for the patients and what's in the patient's best interest.*

Optometrist, Multiple

Where targets were collective and clinician autonomy was protected, optometrists and dispensing opticians felt there were minimal concerns for patients.

5.3.2 Longer-term risks to patient safety

The closer that targets were tied to specific products or individual performance, the more concerned optometrists and dispensing opticians became about an impact on patients. Optometrists and dispensing opticians were often concerned that sales and patient number targets created time pressure, risking rushed tests and reduced clinical thoroughness.

> *It changes the way that optometrists behave. I think optometrists will miss out tests that they should be doing, which means they can miss out, you know, diseases in patients or miss out problems that could have been picked up had you been given more time. I also think that sometimes it leads to certain optometrists overselling and over-recommending when the patient doesn't need that. So your patient is not getting the best level of care. They're getting what the optometrist thinks they should be giving. And that's not always the right thing because there's a lot of commercial sort of pressure now. And like I said, personally, I do not feel that I behave that way. And I think a lot of that is just with the fact that I've been in the same place for a long time and I'm comfortable there and I'm happy to say what I think and give that pushback. But I do work with other optometrists that don't feel that comfortable and that will, you know, test a lot faster. Because they feel that pressure.*

Optometrist, Multiple

Optometrists, dispensing opticians and non-registered staff discussed how, if patients feel like they are being overly sold to, this could have a negative impact on public perceptions of the sector. Some noted this could cause a longer-term risk to safety – patients might be unlikely to come back, which risks deteriorating eye health or eye conditions going undetected.

Patient representative organisations echoed concerns that sales-driven cultures undermine patient and public confidence – especially compared with hospital optometry, where commercial pressure is absent.

> *There's much more trust in hospital optometrists, and yet they're exactly the same profession [as high street optometrists]. It's just that there's no pressure on them to actually, you know, sell up spectacles.*

Patient representative organisation

5.3.3 Impacts on patient experience

Optometrists and dispensing opticians shared examples of how pressure to meet targets and incentives could influence their discussions with patients, and the products and services they recommend. While they explicitly said they would not recommend anything unsafe or harmful, they may recommend products or services that aren't strictly necessary for the patient, or aren't the cheapest option. For example:

- Recommending products that are linked to targets first
- Recommending additional unnecessary services, such as lens coatings
- Encouraging new glasses for marginal prescription changes

> *I am looking at it through the lens of the higher-ups are happier if I make more money, and the person that's going to spend the money is the patient that sat in front of me. So I am going to word it in a way that, 'Oh, yes, we've got a two for one. Do you want some sunglasses?' So I don't think it impacts it in terms of the actual care that I give the patients and the way that I listen to them and the way that I speak to them but perhaps in my recommendations, I think it does impact things.*

Optometrist, Multiple

Patient representative organisations also raised concerns over patients feeling they were being upsold. Some discussed how patients often viewed opticians as a shop, rather than a healthcare setting, which deterred attendance. They were clear not to directly link this to patient safety, but did emphasise that targets and incentives shifted the focus of optical businesses toward retail and financial priorities – which they thought was felt by patients. One representative discussed how the pressure of targets was passed onto patients, who felt they were primarily treated as financial opportunities.

> *[Patients] felt it was a money-spinning operation as part of their visit to the optician. And they said, 'I felt that I was viewed more as a financial opportunity than I was a patient'... So if the incentives are to the opticians and they feel under pressure, that is passed on to the patient.*

Patient representative organisation

Optometrists and dispensing opticians also discussed how pre-screening questionnaires and booking triage systems were used to identify product sales opportunities, raising ethical concerns.

> *The questions in lifestyle questionnaires have been tailored that you would recommend a product because of the questions that have been asked to that patient. I think there's a very sneaky way of being asked to push products… Do you have dry eye? Okay, so you should recommend some drops.*
>
> **Optometrist, Multiple**

Some optometrists noted how diary management could prioritise patients who were most likely to spend over routine check-ups or children's appointments.

> *We've got 5 children in, let's cut that down to 3 and we'll move those patients to a different day so we have that capacity to fit 2 more adult patients who may spend more on the day.*
>
> **Optometrist, Multiple**

One business registrant gave an anecdotal example of deliberate damage to patients' glasses to secure sales, illustrating the perceived potential for harmful behaviour under intense commercial pressure.

> *I think it was in multiples where they have to sell a certain number of coatings or lenses and, as a result, the trainee would be doing a repair and they might break a patient's glasses on purpose in order to convert a sale for a new pair. And that was the policy at the time, that if you take any repairs in, advise the patient it's at their own risk, and, oh, oops, we've broken your glasses, therefore you need to buy new ones.*
>
> **Business registrant (Owner, Dispensing Optician), Independent optical business**

5.4 Impact on registrants

The perceived impact of targets and incentives on registrants varied greatly based on the nature of these within each optical business.

5.4.1 Impacts of collective, business-level targets

Where targets were collective, both individual registrants and business registrants generally reported minimal negative impact. They felt clinical autonomy was maintained and sales were seen as a natural outcome of good care.

Perceived benefits of collective targets and incentives included:

- **Staff development:** Business registrants felt that targets were useful in guiding staff development conversations and that incentives improved staff morale.
- **Greater commercial awareness:** Business registrants often felt this was lacking in education and training courses. Individual registrants generally agreed, though some worried the balance could shift too far towards profit, potentially overshadowing patient care.

However, collective incentives could cause tension when staff felt contributions were unequal or poorly rewarded. There were cases where certain staff members felt they had contributed more than others and were not fairly remunerated. For example, one optical assistant was aware that other businesses reward individual staff for performance targets. They felt they were missing out on this, and therefore felt they were not valued as highly as staff in other practices.

> *That's really, really upsetting because we're making them a lot of money. There's nothing. And other opticians, they paid the bonus.*
>
> **Non-registered eye care staff (Optical Assistant), Multiple**

5.4.2 Impacts of individual targets

Both individual registrants and non-registered staff reported the negative impact an overemphasis on individual targets, incentives and the pressure to achieve had on them.

Stress and wellbeing

- High key performance indicators (KPIs) surveillance, conversion monitoring and time pressure contributed to stress, anxiety, burnout and emotional fatigue among optometrists and dispensing opticians.

Professional identity and job satisfaction

- Optometrists and dispensing opticians felt their role shifted from clinician to salesperson, conflicting with professional values and damaging morale.

Career choices

- Both individual and business registrants through commercial pressures were contributing to optometrists and dispensing opticians leaving the professions. Some optometrists stated they had personally considered this or had moved to independent practices where there was less individual pressure to perform.

Workplace culture

- There were examples of dispensing opticians, optometrists and optical assistants fighting over 'high-value' patients, damaging workplace relationships.
- Targets also impacted on staff relationships with management. Individual registrants and non-registered staff often felt great pressure to achieve as a result of continual monitoring.

> *Ultimately, we should be looking after the patients' needs, rather than having target conversion set that you've got to convert X amount of patients to buy. I totally disagree with that. At the end of the day, they come to you as a professional. They want your advice, they want your input on how to make their vision better, make their life better, really. And they don't want you to just focus on money, money, money.*

Dispensing Optician, Multiple

> *I left that multiple after 3 months because of the targets... I didn't like how that had all become about getting your bonus every month and not about patient care.*

Business registrant (Owner, Dispensing Optician), Independent optical business

A few optometrists and dispensing opticians reported informally raising concerns about the impact of targets and incentives with their manager or colleagues. More formally reporting concerns was rare, with limited change assumed to come from this. Optometrists and dispensing opticians more commonly noted that individual resistance to commercial targets helped limit any impact on patients (e.g. refusing/avoiding pressured upselling practices), rather than formally contesting them.

> *Smaller scale, my line manager is aware of my beliefs and shares similar viewpoints to me. Upper management, I don't think they care. You're often met with a response of, 'I want solutions, not problems.' It's kind of the general go-to response... So there's just a general sense of, 'Well, I don't really care, but these are the targets you need to work to achieve them.'*
>
> **Dispensing Optician, Multiple**

5.4.3 Impact on businesses

Business registrants in both independents and multiples were clear that retail revenue and commercial targets keep practices financially viable, and felt targets and incentives were necessary.

> *We are a business and we have to, you know, our costs are rising every year and we have to make sure that we can sustain the business. So like pretty much every business I would imagine, we do have sales targets.*
>
> **Business registrant (Owner, Optometrist), Multiple**

However, some were also candid in discussing the harm that poorly designed targets and incentives can cause, particularly business registrants from independents. Negative impacts for businesses included:

Recruitment and retention difficulties	Target-driven cultures were linked directly to higher staff turnover, particularly among younger staff and locums, making sustainable staffing harder.
Operational impacts	Practices such as running ghost clinics, shortening sight test times and time pressures on staff were all described as consequences of target and incentive cultures, each with their own risks.
Staff wellbeing concerns	Business owners were aware of the stress and demoralisation that individual targets can generate in their teams. Several had deliberately moved away from individual incentive structures as a result.
Reputational risk	Upselling cultures and patient distrust were described as a threat to individual business reputations and the reputation of the professions.

> *You can be a very, very good optician and go out of business, lose your job, and get sacked because your KPIs aren't right. And you can be a very, very bad optician, and if your conversion rate is good and you're selling glasses, you'll stay in your job. So again, you've got this kind of mix. If you've got a mix of opticians, you're pushing all of the good opticians out of the industry because the way to make money is to do a 7-minute eye test and keep your conversion rate good. So you're going to keep the bad opticians in the industry and you're going to disillusion all the good opticians.*
>
> **Business registrant (Owner, Optometrist), Independent optical business**

5.5 Recommendations from participants

5.5.1 Participant recommendations for the GOC

When asked what the GOC could do to help mitigate the negative impact of targets and incentives on patients and registrants – as with other themes – business registrants, individual registrants and non-registered staff acknowledged that it was a very difficult area to intervene in. They questioned whether it was appropriate for the GOC to do so.

Where recommendations were given for what the GOC could do, these included:

- **Issuing clear guidance that targets must not compromise patient care:** Both individual registrants and business registrants felt the main way the GOC could influence change was through this guidance. Some even called for this to be backed by sanctions against employers who operate ghost clinics or conversion-driven KPIs.

> *I don't think there is much they can do. No, I don't think they'll have the remit to interfere in an individual business's target, but they can have guidelines saying targets should not impact patient care.*
>
> **Business registrant (Owner, Optometrist), Independent optical business**

- **Including business education within education and training schemes:** Some business registrants highlighted a gap in pre-registration training, arguing that better-prepared graduates would be more resilient to commercial pressures. Some therefore wanted the GOC to help ensure this is covered in training.
- **Regulating against paying optometrists for the number of sight tests they complete:** A small number of dispensing opticians and optometrists felt the GOC could have a clear stance on this practice.
- **Public messaging to improve perceptions of the sector:** A participant from a patient representative organisation suggested that the GOC, alongside other sector bodies, could lead coordinated public messaging to reposition optometrists as healthcare professionals – rather than retailers – to rebuild public trust.

5.5.2 Participant recommendations for the wider sector

Most individual registrants and some business registrants felt that issues related to targets and incentives were employer responsibilities rather than regulatory. They thought that issues stemmed from individual business models, which would be hard to change given the scale of the larger optical businesses.

Where wider sector recommendations were given, these included:

- **Businesses moving away from employer-level sales incentives and targets towards practice-level or team-based incentives:** Optometrists, dispensing opticians, non-registered staff and some business registrants suggested that practice-level targets could balance the need for financial stability, without the issues that came with individual targets. However, as commercial targets and incentives were seen to be so embedded in the sector, they weren't sure how or if this change could be achieved.

> *I'm not saying abolish it [targets] like wholly, you know, it's okay to have kind of, 'oh, we're in a really good place this week financially', or 'let's see if we can have a record week'. I don't necessarily disagree with that as an incentivisation, but I think putting it down to every single individual with every single aspect is excessive.*
>
> **Non-registered eye care staff (Optical Technician), Multiple**

- **The government addressing the root financial drivers behind targets and incentive practices:**
    - **Reviewing the GOS fee in England:** A recurring theme was that many commercial pressures stem from inadequate NHS sight test fees in England, leaving practices over-reliant on retail income. Many individual registrants, business registrants and patient representative organisations called for the GOS fee to be reviewed to alleviate the pressure on sales to make profit and make organisations viable, with the current fee being insufficient to cover the true cost of eye care.
    - **Setting base pay:** Some business registrants wanted government to intervene and help in setting base pay levels for optical staff to avoid pressure to sell.
    - **Business tax relief:** A few business registrants thought government could offer business rate tax relief for optical businesses.
- **Removing manufacturer incentives:** A dispensing optician flagged that manufacturer incentives – where companies reward practices for hitting volume targets – compound problems, and called for these to be eliminated.

6. Price transparency

6.1 Section summary

Nature of pricing

- Most individual registrants, business registrants and non-registered staff felt that sight test prices were clear for patients. Prices were displayed in store and multiples often displayed them online. Some independents preferred to communicate sight test prices in person to justify the higher cost compared to multiples.
- Prices for glasses were typically displayed in store and again felt to be largely clear, although some dispensing opticians and non-registered staff felt that promotional language (e.g. '2 for 1' or 'prices from') caused confusion.
- Prices of contact lenses were typically discussed with a patient once their needs had been assessed due to the level of customisation and range of products.
- NHS support eligibility was confirmed with patients at multiple points from booking to dispensing. However, some non-registered staff and patient representative organisations thought patients were still not always clear on their eligibility.

Impact on patients and the public

- Some individual registrants and non-registered staff said there were cases where patients were confused over the final cost. They linked these issues to confusion over costs of any glasses, contact lens and add on fees, as opposed to transparency of the sight test price itself.
- Individual registrants, business registrants and patient representative organisations felt that concerns over final costs could cause patients to avoid coming to the opticians and ignore the health of their eyes, causing longer-term safety risks.

Impact on registrants

- Most individual registrants felt that price transparency was not an issue in their practice and there were very few effects personally beyond engaging in some awkward conversations with patients who had misinterpreted information.
- Individual and business registrants thought there were potential commercial effects on businesses. They thought patients may choose not to go through with their test due to concerns over costs, resulting in empty appointment slots.

Participant recommendations

- One optometrist thought the GOC should issue guidance requiring practices to have a clear display of prices in store and online. However, other individual and business registrants felt this was not always possible, given the level of customisations required based on individual needs.
- Some individual registrants suggested that the GOC should set a standard price for sight tests. However, many other individual and business registrants did not feel this

was appropriate and was a decision individual businesses should make rather than a question of regulation.

- Patient representative organisations and some optometrists suggested that action was needed from GPs and the wider NHS to better communicate NHS eligibility to the public, as well as government potentially widening eligibility criteria.
- Some optometrists, dispensing opticians and patient representative organisations thought that wider sector action was needed to address marketing language around pricing that may be causing patient confusion, specifically the term ‘free’.
- A patient representative organisation also called for clearer upfront pricing to be given as standard, as part of the booking process.

6.2 Nature of pricing practices and transparency

6.2.1 Sight tests price transparency

The structure of sight test pricing varied across optical businesses in our sample:

Tiered sight tests	Free sight tests	Redeemable sight test price
• The most common pricing structure among both multiples and independent practices were either tiered tests (e.g. 'basic' vs. 'enhanced'), or standard tests with optional add-ons such as OCT and Optomap, typically priced at £5–£25 for add-ons or £6–£35 for tier upgrades.	• These tended to be promotional offers. • On some occasions these were entirely free, as part of a marketing campaign; other times these free tests were only redeemable against sales of glasses. • This was seen primarily in larger national chains.	• The sight test price being redeemable against a pair of glasses was reported by one participant at a multiple.

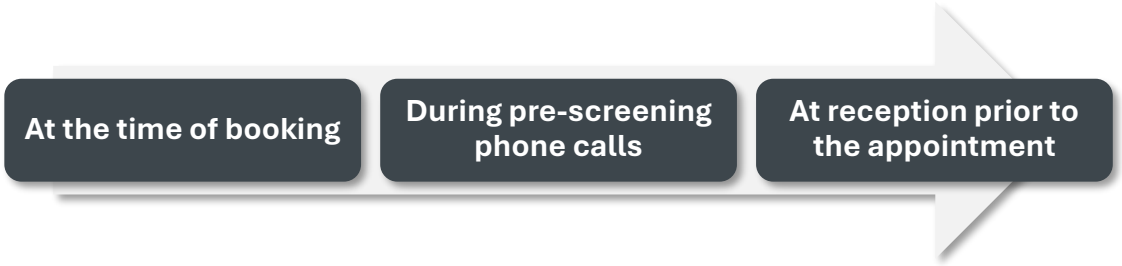
In multiples, sight test prices were standardised in stores through head office decision-making.

Individual registrants and business registrants from independent optical businesses discussed how their sight tests were more expensive than in multiples, reflecting the longer test times and additional services or tests (e.g. OCT) typically being included, rather than available as extras.

> *We're very clear and very transparent, and we're very honest about our pricing as well. Our eye exam is typically more expensive than a multiple competitor, but we explain why. We spend more time with you.*
>
> **Business registrant (Owner, Optometrist), Independent optical business**

Across both multiples and independents, prices for sight tests were often displayed online and in store, and communicated verbally to patients at multiple points in their journey.

Sight test prices were communicated:



Individual and business registrants from independent practices said they were less likely to display sight test prices in store or online, preferring to explain what their sight tests include and the appointment length at the point of booking. They felt this helped patients understand the value rather than risk deterring them with prices that appear high compared with multiples.

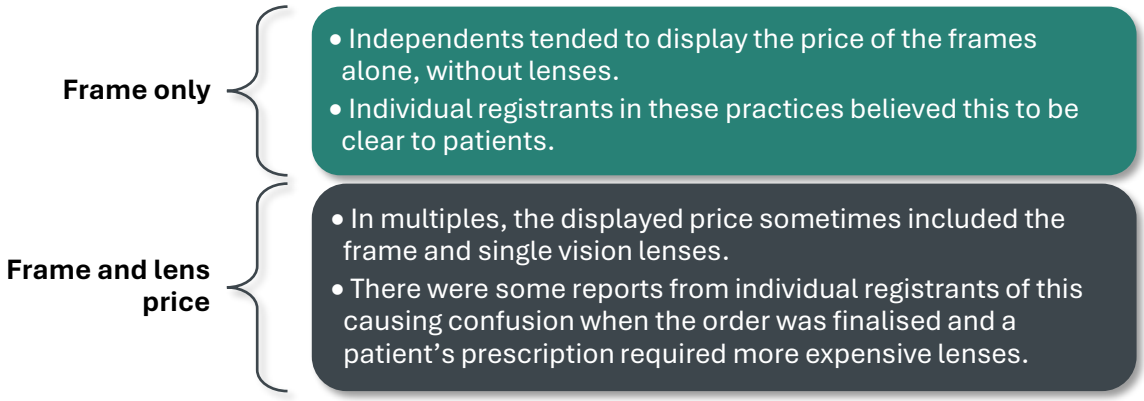
> *The problem is if they see a board somewhere saying £45 for the eye test, it might just put people off and they might just walk out – 'Oh, it's too expensive.' So, by having a conversation, you can tailor the way you say the £45 to that patient, so it might sound, 'Oh, it's £45 because we do X, Y, and Z,' and you talk, you justify the price a little bit.*
>
> **Business owner, Independent optical business**

Individual and business registrants from both independent practices and multiples, and one patient representative organisation, felt that many members of the public now expect eye tests to be free. They believed this perception had been shaped by multiples offering free tests. One patient representative organisation noted experiencing this when they previously worked in high street businesses.

> *[Multiples] were all doing free eye tests, so they [patients] come with that impression of 'but I thought it was free'. And when we'd say no, then that's when, you know, they, they get disappointed.*
>
> **Patient representative organisation**

6.2.2 Glasses price transparency

Across both independents and multiples, prices of glasses tended to be displayed via stickers attached to the frames in store.



A few dispensing opticians and non-registered staff from independents reported not displaying the price of glasses on the frames in store, instead using a catalogue behind the till to find the price. They thought this could be unclear for patients and could reduce trust, as the price appeared to patients as being made up on the spot. One non-registered staff member said they heard about practices adjusting prices for glasses based on what they thought the patient might spend.

> *I've heard people say where it's almost like they might charge based on what someone looks like in a way. Like if you walked in in a suit and you needed a pair of glasses, once you had your eye test, it might be all these glasses are going to cost you £200. Whereas the same person could walk in in a tracksuit and actually those glasses are only going to cost you £100. I've heard it where people have said that they've worked at practices where they kind of just make it up as they go along. They have a guide price, maybe they don't tell the patient, but then they almost kind of move the prices around depending on what they think the patient might spend.*
>
> **Non-registered eye care staff (Optical Assistant), Independent optical business**

Some dispensing opticians and non-registered staff also shared criticisms of the language used in advertising in the optical sector, which could cause confusion over pricing. Issues with language they noted included:

- **Displaying pricing with 'From':** 'From' is often displayed in small letters and a different colour than the price, which sometimes confused patients at the till, as they found the total price higher than expected.
- **'2 for the price of 1':** This offer usually applied to specific product combinations that were not always clearly displayed in adverts, leading to confusion among patients.

> *The 2-for-1 offer is not very clear that it needs to be two reading or two distance. It can't be a mix of both. When you've been told in a test room that you need reading and distance, you think, oh, perfect, I can do that in both, kind of thing. So yeah, I think the wording of the signage probably needs to be changed a little, or that we need to communicate that better.*
>
> **Non-registered eye care staff (Optical Technician), Multiple**

6.2.3 Contact lens price transparency

Across independents and multiples, individual and business registrants as well as non-registered staff noted that providing full transparency to patients about contact lenses was unavoidably difficult, given the wide range of options and the high level of customisation available.

Some multiples said they had brochures available on the shop floor that showed the full range of contact lenses and their prices. In most cases, however, prices were not advertised in the store or online prior to the appointment to prevent confusion – they noted that a patient's needs only become clear after a test. Dispensing opticians, optometrists and non-registered staff said that sharing customised prices alongside clinical information about contact lenses was important, so patients can make informed decisions considering both the clinical benefit of the product and the cost.

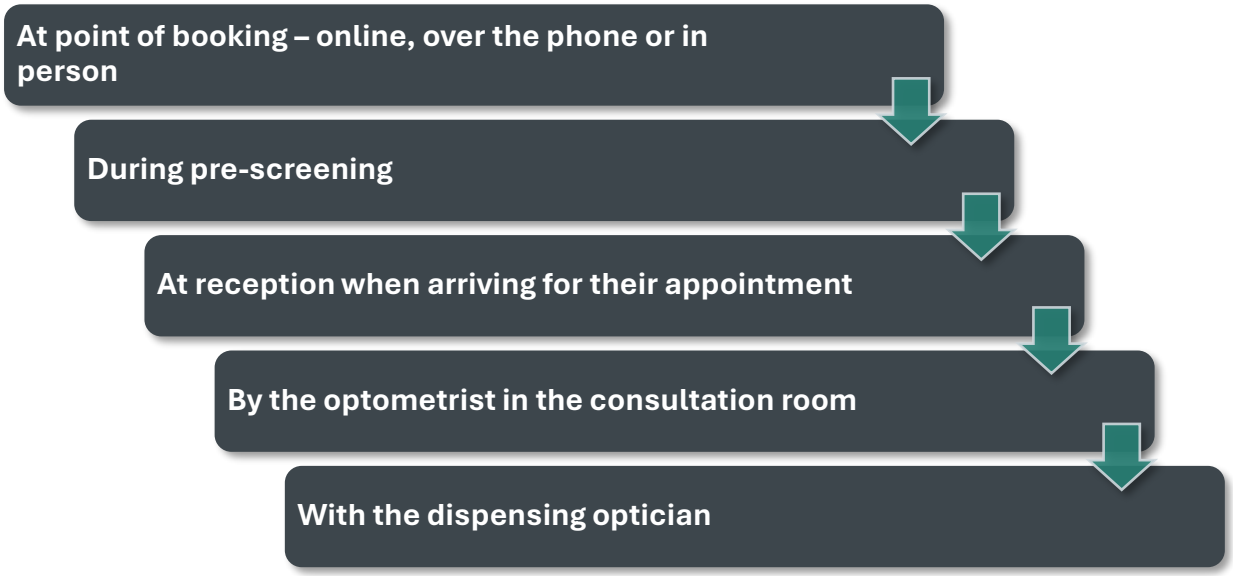
> *With contact lenses, it's really difficult to disclose all of that information on a website. Plus, the other thing is you put all of that information out, there's then direct comparisons that people can make without fully understanding the needs or requirements. So they might just go for a like-for-like lens, but then they might not know what index they need for a lens, or one lens might need this and one eye might need something different. So it's, it's harder to disclose that information. So that is done in practice.*
>
> **Business registrant (Optometrist), Independent optical business**

A business registrant working in an independent practice described building patients' orders with them on the computer. This meant the patient could see the breakdown and how prices change in real time, helping ensure they were happy with the price before proceeding.

Other individual registrants and business registrants at independents and multiples mentioned they always give patients itemised receipts to ensure cost transparency.

6.2.4 NHS support eligibility transparency

Almost all practices asked about NHS support eligibility or went through the checklist with patients. Patients were typically asked at multiple points in their journey by multiple members of staff, giving ample opportunity to clarify this:



In a few instances, non-registered staff reported that NHS eligibility was not clear enough to patients – especially regarding full and partial support (HC2 and HC3). However, they noted that it was largely up to the patient to determine their own eligibility.

> *I gave them all the information but they weren't aware of that. Now the chances are that they could fill that out online and be entitled to a HC1 certificate which obviously would help them next time they come to have an eye test or dental treatment, anything like that. So yeah, I do feel like we do try and help people as much as they possibly can, but on the other hand we don't want them to get stung with a hundred pound fine from the DWP [Department for Work and Pensions] if they, you know, at the end of the day we can only explain to people what the eligibility is and if they choose to sign the GOS1 or GOS3 then that's up to them. We've done our bit, you know.*
>
> **Non-registered eye care staff (Optical Assistant), Independent optical business**

Patient representative organisations were aware that patients were not always clear on their eligibility for NHS support, or what the support entitled them to. They felt there was lack of clarity in messaging across the sector. Patient representative organisations also described

specific situations where patients believed a test or service was part of their standard NHS sight test, only to discover they were being charged for it.

> *Sometimes people will be encouraged to have another test that they perhaps thought was part of the standard NHS test and then find that they're charged for it, or that people have assumed that they're entitled to spectacles that are going to be cheaper than they are. So yes, there's definitely some issue around transparency... And again, that's about messaging really. That's just about making sure everybody's clear about what you should be able to get from going into a high street optometrist.*
>
> **Patient representative organisation**

Some dispensing opticians, optometrists and non-registered staff also felt that promotional language mentioning free NHS tests could cause confusion over pricing. Patients who were unaware of eligibility criteria may expect their tests to be free as some marketing materials reference free tests.

> *I've had a lot of people who will come in and assume that the eye test is free and then when it's explained to them that it's not free and you do have to pay because you're not NHS eligible and we don't have any promotions on, they seem to have like this misunderstanding that just an eye test just is free. Or sometimes the marketing will say it will capitalise on the fact that NHS eye tests are free, but people don't really know whether or not they are NHS or not.*
>
> **Optometrist, Multiple**

6.3 Impact on patients and the public

In both multiples and independents, the majority of individual registrants, business registrants and non-registered staff felt that price transparency was not an issue in their practice. As such, they did not think this had any negative impact on patients.

Where they noted it did have an impact, it was primarily due to general confusion over pricing – despite best efforts from the practices to make this clear. Examples included patients missing communication that had been sent to them and being disappointed upon arrival when they had to pay, or patients still being confused by the total price for tests and any add-ons, despite these being displayed and broken down in store. However, the majority did not feel these cases were common.

While few direct impacts on patients were raised, some individual and business registrants were concerned that confusion around the price for sight tests or end costs could deter

people from going to the opticians. They felt this could cause a longer-term risk to their eye health.

> *It's disheartening to see because then you don't know whether or not that patient will ever come back and get their eyes tested... If they're going to go the next couple of years without an eye test and they're actually having issues, it does create a bit of like a care concern.*
>
> **Optometrist, Multiple**

Patient representative organisations also flagged that pricing opacity deters people from attending sight tests. They recalled patients saying they avoided or delayed sight tests because of the uncertainty around what they might end up paying. This fear of the unknown was seen as a significant barrier to routine attendance.

> *I think it deters people from going. You know, if, if, if you went in January and found that, you know, suddenly you were given a big bill that you didn't expect, and yet you were due to go back in, I don't know, July, you might be reluctant to because you might think, well, actually, I'll leave it a year. I'm a bit, you know, not very well off this time. So I think it does stop people going.*
>
> **Patient representative organisation**

One patient representative organisation felt that bad experiences with opaque pricing rippled outward, making people less likely to recommend eye care to others in their community. This was seen as particularly damaging in areas of deprivation, where word-of-mouth plays a bigger role in driving attendance and where financial anxieties around unexpected bills are felt most acutely.

6.4 Impact on registrants

Individual registrants reported that issues around price transparency had very little impact on them, as most felt it wasn't really an issue in their practice. They did note that conversations with patients about prices can be awkward, especially if they have misunderstood them, but not to an extent that affected them on a deeper level.

6.5 Impact on businesses

Both individual and business registrants felt that price transparency issues were more likely to lead to commercial impacts on the business than individual registrants. Patients may decide not to come to their test once they are informed of the price if this were higher than they had expected, leading to empty appointment slots and missed sales. Similarly, patients may choose to get their prescriptions filled elsewhere if the price of their frames or lenses exceeds what they are willing or had expected to pay. This was raised more so by individual and business registrants in independent practices where costs were generally higher than in multiples.

> *There are patients who come in and go, oh, well, you can get them in the big multiple down the road for £75, and I say, well, that's fine, away you go. You know, I can't compete with that because I'm a small independent practice. I'm only giving you what I can afford to give you, so it's up to you to decide what you want to spend.*
>
> **Business registrant (Owner, Optometrist), Independent optical business**

6.6 Recommendations from participants

Very few issues related to price transparency were raised by individual registrants, business registrants or non-registered staff. As such, when asked what the GOC could do to address issues caused by a lack of price transparency, very few recommendations were given.

6.6.1 Participant recommendations for the GOC

Where recommendations for the GOC were given these included:

- **Guidance on price communication:** One optometrist thought the GOC could require sight test prices to be displayed in all stores and provide guidance saying that the sight test price should always be communicated to the patient beforehand. However, other individual and business registrants felt it was not always possible to provide a singular price prior to the test, as individual patient needs must be assessed first – for example, whether an OCT is needed.
- **Standardised sight test prices:** Some individual registrants suggested that a standardised price for sight tests across the sector should be set. However, many other individual and business registrants felt that it was up to individual businesses to decide their sight test prices and not an area for regulation.

6.6.2 Participant recommendations for the wider sector

- **NHS communications:** Patient representative organisations and some optometrists felt more could be done to reduce confusion around NHS eligibility. This included better communications from GPs and the NHS broadly to inform patients of the support they are entitled to.
- **Marketing language review:** Some optometrists and dispensing opticians felt there needed to be a review of the language used in sector marketing, especially use of the term 'free', to prevent unrealistic expectations of the final price and build patient trust.
- **Upfront pricing as part of booking:** A patient representative organisation called for clearer, upfront pricing information, particularly embedded into the booking process, so that unexpected charges do not deter patients from attending.

7. Conclusions

7.1 Nature and extent of commercial practices in the eye care sector

This research explored how commercial activities impact patient safety, patient experience and registrants' working lives across the primary eye care sector. Although the four themes (booking practices, sight test times, sales targets and incentives, and price transparency) were presented and explored separately, participants consistently described them as interconnected. Across individual registrants, business registrants, non-registered staff and patient representative organisations, participants described a landscape in which optical businesses must balance professional standards, patient expectations and commercial viability. Examples of commercial practices consistently linked back to one or more of the original four themes and ultimately being driven by the financial structure of the sector, particularly the limited funding provided through the NHS GOS sight test fee in England.

Commercial practices were evident to varying degrees across all business types. Larger multiples typically relied on automated booking systems, shorter sight test times, individual commercial targets, overbooking and, in some cases, ghost clinics to remain financially viable. Independent optical businesses tended to have more flexible diary management, longer tests and fewer individual performance targets, but still operated within commercial constraints reflected in higher prices. Across multiples and independent optical businesses, individual and business registrants commonly attributed these practices to the need to subsidise the low value of the GOS sight test fee in England through retail sales, which shaped business models and daily operational pressures.

7.2 Impact of these practices on patients and the public

Individual and business registrants felt that direct risks to patient safety as a result of commercial practices were uncommon, but many (particularly individual registrants and patient representative organisations) expressed concern about indirect or longer-term impacts on patients. These concerns related to high testing volumes, rushed appointments, reduced time for clinical explanation, delays in follow-up testing, and staff fatigue leading to accidental clinical errors or not fully meeting a patient's needs. A number of individual registrants also raised concerns about the growth in responsibilities carried out by non-registered staff, increasing the risk of errors.

Patient organisations reinforced these concerns, adding that rushed or confusing experiences may discourage patients from returning in future. This had a potential impact on long-term eye health if individuals delay routine care, particularly for groups already at higher risk of disengagement or those with additional needs. Individual and business registrants similarly noted that operational pressures could influence the overall patient experience even where clinical safety standards were upheld.

7.3 Impact of these practices on GOC registrants

Across the themes, many individual registrants reported significant stress and anxiety linked to overbooking, short sight test times, and individual commercial targets. Individual registrants worried about missing clinical detail and often worked late or took concerns home with them. Some felt these pressures conflicted with their professional identity and contributed to job dissatisfaction, burnout or decisions to avoid or leave working in a multiple.

Not all individual registrants experienced these pressures so acutely. Typically, more senior optometrists and dispensing opticians reported coping well with the commercial aspects of their role. However, this was not the majority view in our sample.

7.4 Views of optical businesses on balancing safe care and commercial demands

Business registrants generally felt that commercial practices were necessary to remain viable and did not believe they compromised patient safety. Many viewed high throughput, overbooking strategies and targets as efficient ways to maximise access to care and manage inevitable no-shows. Some noted that strong commercial performance supported investment in equipment and staffing that benefited patients. However, a minority acknowledged that commercial pressures could also create problematic environments. Some business registrants, particularly those who had established their own independent practices, described doing so to create conditions more conducive to high-quality care and less dictated by commercial pressure.

7.5 Actions participants felt the GOC and the wider sector should consider

Participants expressed diverse and sometimes conflicting views on what action the GOC should take. Many individual and business registrants felt the GOC's remit was limited when commercial practices did not directly compromise safety. Others believed the GOC could still support improvements through clearer expectations and guidance.

Where participants did see a role for the GOC, recommendations included:

- Issuing clearer public positions or guidance on practices such as booking practices, minimum reasonable sight test times, and commercial targets.
- Supporting the sector through training or education that better equips registrants to navigate commercial environments (for example, training on commercial operations and workplace pressures often suggested by business registrants).
- Improving or promoting whistleblowing routes for registrants concerned about unsafe working practices.

Where participants saw change lying beyond the GOC's remit, this centred on structural reform to how eye care is funded with the current model thought to make practices reliant on retail income to remain viable. Key findings were as follows:

- Many, particularly business registrants and patient organisations, felt that sustainable sector-wide improvement would require government and NHS action to review the GOS fee in England.
- Some from patient representative organisations felt that eligibility for NHS support could be broadened out to encourage more patients to attend appointments.
- Some individual registrants and patient representatives also felt that there needed to be clearer public communication about NHS eligibility.

Beyond this, many individual registrants felt that responsibility for change lay with individual businesses themselves. Broader recommendations for the sector therefore included:

- Improved triage and diary management processes to better cater for individual patient needs.
- Reducing reliance on individualised sales targets.
- Reviewing the language used in marketing to reduce patient confusion.
- Embedding longer sight test times or flexibility for patients with additional needs.

Collectively, these findings suggest that while regulatory standards and guidance have a role, sustainable improvements to patient safety, patient experience and staff wellbeing would require coordinated action across the sector, including government, NHS commissioners, and optical businesses.

8. Appendices

8.1 Appendix 1: Glossary

Business registrant: A business registrant is an organisation that is registered with the General Optical Council to carry out business as an optometrist or dispensing optician. Businesses must register if they use protected titles and must meet GOC eligibility requirements.

GOS (General Ophthalmic Services): General Ophthalmic Services are NHS-funded sight tests and related services delivered through community optician practices. The GOS framework sets out eligibility for NHS sight tests, the associated forms used to record them, and how contractors provide mandatory services on behalf of the NHS. GOS arrangements vary among the four nations of the UK.

Independent optical business: An independent optical business is a practice owned and operated outside a national or regional chain.

Individual registrants: Individual registrants are optometrists, dispensing opticians, students and specialty practitioners who are registered with the General Optical Council.

Multiple: A multiple refers to optical businesses operating across several locations as part of a wider organisation. This includes joint venture partnerships, franchise practices (operating under a national brand), and regional or national chains. These businesses are distinguished from independent practices by their scale and structured business model.

OCT (Optical Coherence Tomography): Optical Coherence Tomography is a non-invasive imaging test that uses light waves to produce cross-sectional images of the retina, allowing clinicians to examine retinal layers and detect or monitor conditions such as glaucoma, macular degeneration and diabetic eye disease.

Patient representative organisation: A patient representative organisation is a body that supports, represents or advocates for patients' interests. These organisations provide information, raise concerns, and contribute to service improvement, ensuring patients' experiences and needs are considered in healthcare delivery.

NI PEARS (Northern Ireland Primary Eyecare Assessment and Referral Scheme): The Primary Eyecare Assessment and Referral Scheme in Northern Ireland provides free NHS assessment for patients with recently occurring medical eye conditions, delivered by accredited optometrists in approved practices. It covers symptoms such as reduced vision, red eye, pain, flashes/floaters and suspected foreign bodies.

8.2 Appendix 2: Full profile of participants

8.2.1 Optometrists and dispensing opticians

Business structure	Total recruited*
Centrally owned	10
Franchise	10
Independent	9

*Two participants worked as a locum at all 3 types of business

Locum status	Total recruited
Yes	6
No	25

Agreement with attitudinal statement	Total recruited
Disagree (1-3)	12
Neutral (4)	6
Agree (5-7)	13

Location	Total recruited
East Midlands	4
East of England	2
London	3
North West of England	4
South East England	2
South West England	3
West Midlands	1
Yorkshire and the Humber	3
Wales	3
Northern Ireland	3
Scotland	3

Age	Total recruited
25-34	10
35-44	11
45-54	5
55-64	4
65+	1

Gender	Total recruited
Man/male	10
Woman/female	21

Ethnicity	Total recruited
Asian or Asian British	10
Black, Black British, Caribbean or African	3
Mixed or multiple ethnic groups	1
White	15
Other ethnic group	1
Prefer not to say	1

Length of time on GOC register	Total recruited
1 to 2 years	3
3 to 5 years	3
6 to 10 years	5
11 to 15 years	7
16 to 20 years	5
21 years and over	8

8.2.2 Business representatives

Business structure	Total recruited
Partnership	3
Franchise	11
Independent	16

Agreement with attitudinal statement	Total recruited
Disagree (1-3)	5
Neutral (4)	2
Agree (5-7)	23

Location	Total recruited
East Midlands	1
East of England	1
London	5
North East England	1
North West of England	4
South East England	4
South West England	3
West Midlands	2
Yorkshire and the Humber	2
Northern Ireland	2
Wales	2
Scotland	3

8.2.3 Non-registered staff

Business structure	Total recruited
Partnership	3
Franchise	3
Independent	4

Agreement with attitudinal statement	Total recruited
Disagree (1-3)	2
Agree (5-7)	8

Location	Total recruited
East Midlands	1
London	2
North West of England	3
South West England	1
West Midlands	1
Yorkshire and the Humber	1
Northern Scotland	1

Age	Total recruited
Under 25	2
25-34	1
35-44	4
55-64	3

Gender	Total recruited
Man/male	4
Woman/female	6